



Royal Commission
into Defence and Veteran Suicide

Transition, DVA and support for ex-serving members

Volume 5

Final Report

Alex Seton

For Every Drop Shed in Anguish

made in Sydney, 2022–2023

Australian Pearl Marble

dimensions variable

Collection of the Australian War Memorial, acquired by commission in 2023

AWM2021.938.1

© Alex Seton

Together with veterans and their families, the Australian War Memorial commissioned this work of art to recognise and commemorate the suffering caused by war and military service. *For Every Drop Shed in Anguish* by Alex Seton provides a place in the Australian War Memorial's Sculpture Garden for visitors to grieve, to reflect on service experiences, and to remember the long-term cost of war and service.

Artist Alex Seton said, 'These rounded and abstracted liquid forms represent every drop of blood, sweat and tears ever shed by Australian military personnel and their families. It was very important that we create a different kind of memorial, not a singular heroic monument, but a grouping that acknowledges that there is a wider impact of mental and physical trauma. The large group of forms alludes to the suffering that radiates out from the individual, affecting their family, friends and communities.'

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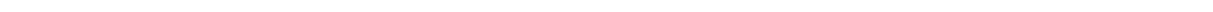


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Content warning – discussion of suicide and suicidality

This report is about suicide and suicidality among serving and ex-serving Australian Defence Force (ADF) members. It includes information related to these topics as well as experiences that have contributed to people becoming suicidal. This report includes content that readers may find distressing, confronting, emotionally-laden or otherwise difficult to read. You may find that reading this report brings up traumatic memories or strong emotional responses. We encourage you to speak with someone you trust, or you may wish to seek professional support through one of the services listed here if needed.

It is important to write about suicide, suicidality, traumatic experiences and their ramifications safely and responsibly. In the past, talking about suicide and suicidality has been taboo. We aim to approach our discussion about them in a constructive way. This report was written in line with our trauma-informed approach and using guidance from the Mindframe program.¹ We have aimed to avoid using language that might stigmatise suicide or suicidality or that might inadvertently encourage suicide. We recognise that because this report includes evidence and information provided by other people and organisations, there may be times when the language used does not always meet best practice guidelines.

Urgent support

If you require urgent or immediate help, you can:

- call triple zero (000)
- go to your local emergency department.

1 Mindframe, *A guide for media reporting on defence and veteran suicide*, 22 December 2022.

Crisis support services

Suicide Call Back Service

1300 659 467

24-hour counselling service for suicide prevention and mental health. Available via telephone, online and by video chat.

Open Arms

1800 011 046

24-hour mental health support for Navy, Army & Air Force personnel, veterans and their families.

Defence Member and Family Helpline

1800 624 608

24-hour service providing a range of practical and emotional support programs for families facing emergency or crisis.

Defence All-hours Support Line

1800 628 036

24-hour service for Australian Defence Force members and their families providing help to access military or civilian mental health services.

Lifeline Australia

13 11 14 or text 0477 13 11 14

24-hour crisis support service. Available via telephone, online and text chat.

Beyond Blue

1300 224 636

24-hour counselling service. Available via telephone, online or email.

1800RESPECT

1800 737 732

24-hour counselling service for sexual assault, family and domestic violence.

Men's Referral Service

1300 766 491

24-hour counselling, information and referral service for men concerned about their own use of violence or abusive behaviour.

MensLine

1300 78 99 78

24-hour support for men with concerns about mental health, anger management, family violence, addiction, relationship stress and wellbeing. Available via telephone, online and by video chat.

13YARN

13 92 76

24-hour national support line for First Nations people in crisis.

QLife

Call 1800 184 527 or visit qlife.org.au

The QLife phone and webchat service is available 3pm to midnight every day, providing space for where LGBTQI+ people and their loved ones can talk about anything affecting their lives.

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Part 6

Transition and support for ex-serving members

23 Transition from military to civilian life

Summary

For every member of the Australian Defence Force (ADF), there are two great turning points in their lives: recruitment (considered in Chapter 3, Recruitment and initial training) and transition, which is the focus of this chapter.

Transition is ‘the journey of a veteran and their family from an ADF service-centred life to a predominantly civilian life’.¹ It begins well before the day the member leaves the ADF and may continue long after. It is not the same as separation, which is defined as ‘the cessation of all forms of ADF service’ and happens on a given date.²

Transition is a time of great change and is frequently associated with a loss of purpose and identity. It can be hard for ex-serving members to find civilian employment and social connection. The transition process itself can also impose a significant burden on the transitioning member. It is a period of increased risk for the development of psychological disorders and suicidality. For members who are medically discharged or discharged involuntarily, this risk is even higher.

For this reason, it is critical that risk factors associated with transition – or that can become manifest during transition – are identified and mitigated, and similarly, that protective factors are strengthened.

Defence, the Department of Veterans’ Affairs (DVA), various state and territory departments and ex-service organisations provide a range of supports to assist transitioning members. The transition system remains complex and fragmented, and lacks an effective way to identify and respond to individual needs and risks. Many members continue to face cultural barriers and social isolation as they strive to integrate into the community outside the ADF, and for some this can have lasting impacts. They may struggle to match their military skills and experience to civilian jobs.

A long line of inquiries and reviews has examined the adequacy and effectiveness of transition supports and identified fundamental failings. Although there has been a flurry of strategies and announcements since 2017, these have not yet translated into a better transition experience for members.

This chapter will explore the lived experience of ex-serving members in the transition process, the potential impact of recent and planned policy changes, and opportunities to better address the risk of veteran suicide through the transition process.

While we recognise that Defence is continuing its efforts to address duplication and inconsistency in its approach to separation, we recommend a number of fundamental changes to the way transition is managed. We recommend expanding transition

screening to address psychosocial factors known to influence transition readiness, and establishing a new program to support members to adjust to civilian culture. To clarify accountability, we recommend Defence remains responsible for the process of members separating from the ADF, while DVA takes the lead on transition into civilian life, including a more proactive approach to engaging with ex-serving members in the 12 months after separation.

To maintain social connection during transition, we propose policy changes to facilitate ex-serving members' access to their former ADF base under restricted circumstances. Finally, we recommend additional support to help ex-serving members promote their skills and experience to civilian employers, and to create pathways for employment in the public sector.

23.1 The significance of transition

1. For most members of the Australian Defence Force (ADF), their full-time service in the ADF permanent forces ends on a particular day with either a transfer to the reserves or separation from the ADF. In both cases, the member and their family members go through a period of adjustment to a predominantly or entirely civilian life – a period called 'transition'.³ Transition begins before the date of separation or transfer and continues after it.

23.1.1 What is transition?

2. For the purposes of its *Veteran Transition Strategy*, the Australian Government defines transition as 'the journey of a veteran and their family from an ADF service-centred life to a predominantly civilian life'.⁴ For many ADF members, it is a period of personal reconstruction or, as one study put it, 'the process of identifying as an individual following a collective identity'.⁵
3. A good transition, according to the British charity Forces in Mind Trust, 'enables ex-service personnel to be sufficiently resilient to adapt successfully to civilian life, both now and in the future'.⁶
4. Transition is not a static point in time, but 'rather an event that spans before, during and after a veteran leaves the ADF'.⁷ For some people, it may be difficult to identify a time when they feel transition is complete.⁸
5. The then Chief of the Defence Force, General Angus Campbell AO DSC, told us 'it is the reasonable expectation of anyone seeking to serve our nation that when they depart from service, they are doing so in a circumstance that enables not diminishes their opportunities for the future'.⁹

6. Currently, transitioning members must navigate a series of government systems to access support. There are many different people involved in this process, but primary responsibility for driving the transition sits with the individual member. Despite using the language of transition, government supports tend to focus on processes of separation from the ADF, rather than the member's transition into civilian life. In doing so, they focus on the place the member is leaving rather than the community the member is entering into.
7. Since 2017, a number of reviews have examined the effectiveness of transition supports and found that many serving members have successfully managed the transition to civilian life.
8. However, in Chapter 1, Understanding suicide, we establish that ex-serving males who served in the permanent forces are 42% more likely to die by suicide than other Australian males, and ex-serving females who served in the permanent forces are 110% more likely than (more than twice as likely as) other Australian females to die by suicide.¹⁰
9. Transition is a near-inevitable process for serving members, and a key opportunity to connect members to supports that may have a lasting impact on their wellbeing. The failings of the transition system are in part due to fragmentation and a lack of accountability for service delivery and outcomes across Defence and the Department of Veterans' Affairs (DVA).
10. In this chapter we examine recent initiatives aimed at improving the system, including the Joint Transition Authority, introduced in 2020 with the aim of integrating service delivery, and the *Veteran Transition Strategy*, launched in 2023.
11. We conclude that the transition system continues to be overly complicated. Service delivery is fragmented, sometimes duplicating supports and sometimes allowing people to slip through the cracks. It fails to address member wellbeing in a meaningful way and provides inadequate support in helping members translate their military skills and experience into the civilian workforce.
12. We set out recommendations for how the transition system could be improved to better support members in their transition from the ADF into civilian life. To clarify accountability, we recommend Defence remains responsible for the process of members separating from the ADF, while DVA takes the lead on transition into civilian life. We also recommend expanding transition screening to address psychosocial factors known to influence transition readiness.

23.1.2 Respect and recognition

13. In our view, respect and recognition are critical to a good transition. Defence and DVA have identified respect and recognition as key factors in the wellbeing of ex-serving members.¹¹ It follows then that Defence and the Department of Veterans' Affairs should treat serving and ex-serving members with respect at all times and recognise the value

of their service. As we discuss in section 23.3.1, when members do not feel respected by the organisation they have sacrificed so much for, it can contribute to alienation and social disconnection, which are risk factors for suicide and suicidality.¹²

14. We heard that Defence is committed to offering respect and recognition to members as they leave the ADF, noting that members who speak positively about their service or who wish to return contribute to recruitment and retention outcomes.¹³ However, the Joint Transition Authority wrote that respect and recognition during separation and transition 'has been identified as an area which requires remediation'.¹⁴ To address this gap, the Joint Transition Authority is implementing a medallion, testimonials, Certificates of Service, and a new policy to support recognition and farewells.¹⁵
15. If the Joint Transition Authority has not already done so, it should conduct a survey of ex-serving members who completed their transition from January 2018 onwards, to identify what form or forms of recognition would have best represented the value of their service as they transitioned. The Authority should use this survey data to inform the transition process, including ceremonies or other formal recognition of service.
16. Respect and recognition are about more than just the paperwork. Respect for ADF members, or the lack of it, can be expressed throughout a member's service, especially in their experience of institutions including the posting cycle, the military employment classification system and the military justice system. It also extends to the experience of ex-serving members in civilian life, where many civilians, including employers, do not understand the nature of service life.¹⁶
17. We consider respect and recognition throughout this chapter and many others in this final report. We hope the proposed extension of responsibility for separation and transition supports across Defence and DVA will bring respect and recognition to the forefront of thinking in both of these organisations as they implement the recommendations of this Royal Commission.

Recommendation 79: Ensure that respect for and recognition of service are embedded throughout Defence and the Department of Veterans' Affairs

Respect and recognition should be a key element of separation and transition processes; they must also be the foundation for all interactions with members and former members of the Australian Defence Force during service and civilian life.

Defence and the Department of Veterans' Affairs should:

- (a) examine their processes to identify ways in which respect in interactions with serving and ex-serving members can be increased
- (b) create a survey to benchmark the levels of respect shown to current and ex-serving members prior to 30 June 2025

- (c) conduct this survey every two years to identify areas for improvement, and introduce improvements no later than the following year
- (d) support the Joint Transition Authority to review its policy on recognition and farewells on a regular basis (at least every three years), to identify areas for improvement, and introduce these improvements by the following year.

23.1.3 Transition is a critical period for countering the risk of suicide

18. Our terms of reference require the Royal Commission to address known risk factors relevant to defence and veteran suicide posed by:

- transition out of the ADF or between service categories¹⁷
- availability, accessibility, timeliness, quality and effectiveness of health, wellbeing and support services to serving and ex-serving members.¹⁸

Transition is a period of heightened risk

19. Many studies, and the Department of Defence itself, have identified transition as a period with a heightened risk of poor mental health, suicidality and suicide for transitioning members. In testimony, three senior leaders – General Campbell; the Chief of Navy, Vice Admiral Mark Hammond AO RAN; and the Chief of Army, Lieutenant General Simon Stuart AO DSC – recognised that leaving the ADF is a key period of risk for members.¹⁹ Leaving the ADF can be challenging for a member's identity, and managing changes in employment, housing and finances can be stressful for the transitioning member and their family.
20. Latent harm experienced during service may re-emerge at a time when protective factors associated with service – such as social connection, sense of purpose, a strong and clear identity, mateship and loyalty to the unit – fall away.
21. In fact, some of the very qualities that are protective during service can become risk factors post-service. A review of literature on suicide prepared by Phoenix Australia, the national centre for post-traumatic mental health, for the Royal Commission told us:

Traditionally masculine attributes and norms include strength, power, competitiveness, suppressed emotionality and aggression. In the military context, particularly in relation to deployment and combat, these attributes and norms may be fostered and encouraged. Some of these attributes, of course, may be adaptive in certain situations (e.g., in combat) but quite maladaptive at home in Australia.²⁰

22. When the stress becomes unmanageable and coping mechanisms break down, or are harmful in their own right, it can lead to harmful behaviours, up to and including suicide, on the part of the transitioning member.²¹ Members need additional support during this time.
23. Chapter 1 explores the range of risk and protective factors associated with veteran suicide and suicidality. In this chapter, we consider how these factors operate during transition.

What do we know about transitioning members?

24. Between 5,500 and 6,500 members transition out of full-time ADF service each year.²² Many are relatively young – they are typically aged in their 20s.²³ The median length of service for transitioning members is eight years,²⁴ but nearly 40% have served for less than five years.²⁵
25. Members leave the ADF for many reasons. For example, they may choose to pursue another career, care for their family or retire. We explore the drivers of voluntary separation, including the impact of burnout, in Chapter 6, Retention issues and voluntary separation. For others, separation is involuntary due to illness, injury or disciplinary action.
26. The number of involuntary separations has dramatically grown in recent years. More than three times as many members separated involuntarily than voluntarily from 2019–20 to 2023–24 (noting that data for 2023–24 is incomplete).²⁶
27. Of these involuntary separations, the vast majority are medical separations. The proportion of involuntary separations that are for medical reasons has increased over time. Over 80% of involuntary separations from 2021–22 to 2023–24 were for medical reasons.²⁷ In Chapter 5, The military employment classification system and medical separation, we discuss the growing rate of medical separations and potential drivers of this trend.

Who is most at risk?

28. The vast majority of those who serve in the ADF have rewarding careers and then transition successfully to civilian life. However, we know that some characteristics are associated with a greater risk of suicide.
29. In Chapter 1, we identified that ex-serving males who served in the permanent forces are 42% more likely to die by suicide than other Australian males, and ex-serving females who served in the permanent forces are 110% more likely than (that is, more than twice as likely as) other Australian females to die by suicide.²⁸
30. Males who served solely in the reserve forces are no more likely to die by suicide than other Australian males, whereas females who served solely in the reserve forces are still more than twice as likely as other Australian females to die by suicide.²⁹

31. Chapter 1 also identified key transition points and periods of vulnerability throughout a member's service that present unique stressors and opportunities for intervention. Members who served in the permanent forces and separated involuntarily are more likely to die by suicide.

Voluntary separation

32. Ex-serving males who served in the permanent forces and separated voluntarily are no more or less likely to die by suicide than other Australian males.³⁰ The suicide rates for this cohort remain similar to those of other Australian males regardless of age, service branch, length of service, time since separation and rank.³¹
33. For ex-serving males who have served solely in the reserve forces, rates of suicide disaggregated by separation reason were not statistically higher than those of other Australian males, including those who separated for voluntary and involuntary reasons.³²
34. Results for ex-serving females who served in the permanent forces and who separated voluntarily are not statistically different from those of other Australian females. Ex-serving females who served solely in the reserve forces and who separated voluntarily are almost three times (191%) more likely to die by suicide than other Australian females.³³

Involuntary separation

35. The two main forms of involuntary separation are medical separation and separation for the reason 'retention-not-in-service-interest', which means a decision has been made that it is not in the interests of the ADF to retain that member in service. This is commonly called 'administrative separation'. We consider how these decisions are made in Chapter 10, The ADF military justice system.
36. Ex-serving members who served in the permanent forces and who separated involuntarily have an increased risk of suicide compared to the general Australian population.³⁴

'Retention-not-in-service-interest'

37. Ex-serving males who served in the permanent forces and who separated involuntarily for the reason 'retention-not-in-service-interest' are 2.97 times (197%) more likely to die by suicide compared to other Australian males.³⁵
38. Females who served in the permanent forces and who separated involuntarily for the reason 'retention-not-in-service-interest' are more likely to die by suicide than other Australian females (245% higher likelihood, or 3.45 times more likely).³⁶

39. The groups particularly at risk among ex-serving males who served in the permanent forces and who separated involuntarily for the reason 'retention-not-in-service-interest' are those aged under 40 years, and those who served for less than 10 years or separated within five years.³⁷
40. In particular, ex-serving males who served in the permanent forces and who separated involuntarily for the reason 'retention-not-in-service-interest' are almost six times (499%) more likely to die by suicide within a year of separating from the ADF compared to other Australian males.³⁸
41. Due to the small number of suicide deaths among females serving in the permanent forces during the same time period, suicide rates could not be disaggregated by service characteristics for females.

Involuntary medical separation

42. Ex-serving males who served in the permanent forces and separated involuntarily for medical reasons are 2.84 times (184%) more likely to die by suicide than other Australian males.³⁹ The groups particularly at risk among ex-serving males who served in the permanent forces and separated involuntarily for medical reasons are those aged under 50, and those who separated between one and 10 years ago.⁴⁰
43. The rates of suicide for ex-serving males who served in the permanent forces and separated involuntarily for medical reasons within one year of joining are not statistically different compared to the rates of suicide for other Australian males.⁴¹ This is in contrast to males who separated for the reason 'retention-not-in-service-interest', who had a very high risk profile in the first year after separation.
44. Ex-serving females who served in the permanent forces and separated involuntarily for medical reasons are almost five times (398%) more likely to die by suicide than Australian females.⁴² (Note: This result is based on a suicide count for the ADF population of between five and 20. Standard mortality ratios based on small numbers should be interpreted with caution as they are considered potentially volatile.)

Nature of service

45. The suicide rate for ex-serving males who separated as officers is about half the rate of those of other ranks who separate.⁴³ For ex-serving females, rates of suicide were similar for officers and those of other ranks.⁴⁴
46. Members who served in the permanent forces transitioning out of certain occupation groups (particularly combat and security roles, and logistics roles) are at even higher risk of suicide than other serving members.⁴⁵ This aligns with qualitative research that identifies experience in '[h]igh tempo environments and difficulty in "standing down"' as risk factors for self-harm and suicidality.⁴⁶ Transition for those who have served in combat or other high-tempo roles can be complicated by the fact that the military identity is often particularly strong for these members.⁴⁷

Psychosocial risk factors

47. The three most common psychosocial risk factors associated with suicide were the same for ADF males and other Australian males who died by suicide; however, the association was stronger in male ADF members who had experienced:
- a history of self-harm (29% of male ADF members and 21% of other Australian males who died by suicide)
 - family separation or divorce (27% of male ADF members and 16% of Australian males who died by suicide)
 - relationship problems with spouse or partner (21% of male ADF members and 11% of Australian males who died by suicide).⁴⁸
48. In this context 'male ADF members' includes serving, ex-serving and reserve males who died by suicide and had at least one day of service from 2001 to 2018.⁴⁹
49. The fact that relationship problems with spouse or partner were associated with a much higher proportion of suicide deaths among male ADF members compared to Australian males generally may indicate that social connection is an important risk and protective factor that should be addressed through transition interventions.

Transition is a period of psychological transformation

50. Transition can be a very unsettling time. It can be characterised by isolation, difficulties adapting to civilian life, loss of purpose, loss of identity, loss of tribe, changing familial responsibility, a new employment context and poor health outcomes.

Loss of purpose and isolation

51. We heard that many transitioning members experience a loss of purpose and identity when they leave the ADF. This may be coupled with a loss of social connection, the experience of isolation in the civilian world, and difficulty adapting to a civilian mindset and values.
52. Dr Kieran McCarthy, a general practitioner and ex-serving member, told us:
- [S]implistically, a lot of issues around veteran suicide is the transition piece. It is literally the coming out of a world which is completely different to the normal civilian life, and I have done this ... You leave the military but the military never leaves you, and that's a lot of the struggles. I had a fantastic career and life is boring. It's just boring.⁵⁰
53. Professor Christine Stirling, head of the School of Nursing at the University of Tasmania, described the findings of a study conducted by the university. She said 'people have a strong identity as being part of the Defence Force, and then almost feel abandoned after that coming out'.⁵¹ Reflecting on Professor Stirling's evidence, the then Chief of the Defence Force General Campbell agreed 'that sense of separation and loss can be dramatic in some cases'.⁵²

54. Professor David Forbes, psychologist and former director of Phoenix Australia, testified:
- Social support, we know is really important for maintaining mental health and wellbeing. We know that [lack of] social support, or social alienation, are also risk factors around mental health, including suicidality. And for serving personnel upon discharge, the potential for some to have difficulty to maintain the connections with those with whom they served. As they move into their civilian life, the likelihood [is] also that a lot of their civilian friendships have dropped off over the course of their military life ... So there is significant risk around social disconnection and social alienation.⁵³
55. Isolation may begin even before separation for members who are labelled as medically unfit and transferred out of their unit, or those who carry the stigma of disciplinary action.⁵⁴
56. This sense of loss was echoed in the lived experience of transitioning members. We heard from Mr James Kerin, who recently separated from the Navy. He told us:
- [T]he biggest gap was [that] my service gave me a tremendous sense of purpose and leaving that without anything to fill that void and not knowing where to look for something else to fill that void is immensely challenging and does have a profound effect on your mental health, your sense of identity. It's quite a difficult part of transitioning that I'm still working at today.⁵⁵
57. An ex-serving Army officer with 23 years of service described the transition process after she was medically downgraded as leaving her 'feeling completely devalued and alienated'. She said 'the overwhelming loneliness and isolation I have felt has been astonishing'.⁵⁶
58. Ms Kylie James, an ex-warrant officer and director of Veterans Retreat Australia, described after she separated from the Army feeling:
- [A] lot of grief and loss and I had no way to reach back to my family, community, that veteran family. And ... I felt completely alone, and lost, and useless and I thought having been a high-performing warrant officer, that I should know where to go and find things, and I didn't.⁵⁷
59. Ex-serving members who made submissions gave similar accounts of their experience of transitioning during the time this Royal Commission was in operation. For example, one stated:
- My whole existence, my purpose was tied to my service ... I was not equipped to transition ... This impacted my health, the relationship with my wife and most of all, the relationship with my children.⁵⁸

60. Another said:

I left my 27 years of Military service and over 10 operational deployments with severe depression, anxiety and PTSD. The last 8 weeks [of transition] has served to inflict more damage onto my mental health than the last 27 years ... I've been met with excuses, brick walls and downright neglect.⁵⁹

61. In relation to transition, Professor Forbes said 'there is significant risk around social disconnection and social alienation', both of which 'are also risk factors around mental health, including suicidality'.⁶⁰

62. We commissioned Professor Ben Wadham, in conjunction with Open Door at Flinders University, to map experiences of service and transition to behaviours of self-harm and suicide.

63. Based on 113 interviews with ex-serving ADF members, the study found that many had poor experiences of separation from the ADF and were ill-equipped for the military-to-civilian transition.⁶¹ Professor Wadham and colleagues indicated that:

[t]ransition itself could be very abrupt and painful. Some members told us how it increased their suicidality and, in others, it created a sense of despair that is a clear risk factor for self-harm and suicide.⁶²

64. They said that participants in the study:

experienced a sense of loss, abandonment, and rejection upon separation. This was consistent whether they discharged voluntarily, administratively, or medically ... [They] commonly felt abandoned and rejected by the military, 'used and thrown away', which impacted on their identities as ex-military.⁶³

65. Members who left involuntarily continued to carry 'unresolved tensions' about their service. They found it 'more difficult ... to leave the military behind and successfully reintegrate into civilian life'.⁶⁴ One ex-serving member wrote:

Defence lure young malleable unbroken individuals with their whole life ahead of them via a bunch of false promises (trades, travel and allowances etc). They then strip them down and break them apart, reprogram them to do anything and everything that is ordered of them ... Eventually when they have squeezed all the juice out of the service person, burnout occurs and their body/family/life start to fall apart, the service person is labelled a Veteran, kicked out medically and cast aside.⁶⁵

Poor mental health

66. The National Mental Health Commission's 2017 *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families* highlighted that the act of leaving the ADF itself can be 'a significant risk factor for suicide and self-harm, given the loss of identity, purpose and social connections it can lead to'.⁶⁶

67. A comprehensive Australian study conducted in 2015 found that ADF members who had separated from Defence within the past five years had significantly poorer mental health than current serving ADF members and the broader Australian community.⁶⁷ Just over one-fifth of the transitioned members included in the study were estimated to have been medically separated.⁶⁸
68. Poor physical and mental health may also be a direct result of service, especially where members have experienced illness, injury and/or trauma.⁶⁹
69. Professor Forbes told us that of the many effects of post-traumatic stress disorder:
- the two symptoms that impacted most on people's quality of life were the persistence of their anger and the persistence of their hyper vigilance towards threat ... The anger and the vigilance towards threat and maintaining this combat engagement within community life was what was actually having such a big impact in terms of people's lives.⁷⁰
70. Physical and mental health issues impacting ex-serving members are explored further in Part 5, Health care for serving and ex-serving members.

Building a civilian life

71. During transition, a member has to build a new civilian life. This can involve major decisions about family, employment, housing and health care, and can require the member to navigate a series of complex government and civilian processes. We detail the challenges of navigating the civilian job market in section 23.4.
72. Many young members who separate from the ADF have to build a life for themselves as an adult in the civilian community for the first time, having joined the ADF directly from school or from their family home.⁷¹
73. These challenges may be exacerbated where separation is unplanned or involuntary, or when it occurs rapidly.
74. The processes of obtaining transition supports place considerable onus on the transitioning member and are complex and fragmented. Navigating the system may further increase the pressure on transitioning members at the very time when the focus should be on reducing risk.

Building protective factors during transition

75. Transition is an opportunity to proactively strengthen and improve members' access to protective factors and identify risks specific to the individual. Investing in transition aligns with a lifetime wellbeing approach. Early intervention is known to improve outcomes and reduce the cost of more intensive interventions in the future.

76. Members are better prepared for the stresses of transition when they have the benefit of a strong ecology of protective factors, such as solid, supportive relationships with friends and family; employment and/or other income; stable housing; and a sense of purpose. We discuss protective factors that counter the risk of suicide and suicidality in detail in Chapter 1, Understanding suicide.
77. The significance of different risk and protective factors varies between individuals and changes across their lifetime.⁷² Managing these risks poorly can have lifelong implications. Transition supports should not be provided in isolation; they should be part of a whole-of-life approach considering member wellbeing across the entire timeline of recruitment, service, transition and ex-service life.⁷³
78. The literature and expert testimony have established the need for a range of protective factors during transition, including '[e]mployment, voluntary work and care, and social and community interaction', as well as a sense of identity and purpose, a positive attitude towards help-seeking, and psychological flexibility.⁷⁴ Additionally, while there is limited empirical evidence that specifically isolates the protective role of families during transition, we know that families are pivotal in providing emotional and practical support. Members' families can help protect against the mental ill health and suicidality of members generally. This has been established in evidence and is discussed in detail in Chapter 27, Importance of families.⁷⁵
79. Professor Jane Pirkis, Director of the Centre for Mental Health at the University of Melbourne, studies suicide prevention. She said protective factors warrant greater attention, particularly resilience or 'being okay in your own skin' and 'good connection with your mates' so that members can ask for help when they need it.⁷⁶
80. Dr Phil Parker, a medical expert and a veteran with more than 25 years of service, likened working with ex-serving members as 'almost like a journey of restoration'.⁷⁷ According to Dr Parker, assessing the protective factors an ex-serving member has access to is vital to holistically determining their needs:

I look at how much they love what they do, their satisfaction with their work. I look at whether their family is helping. I look at their social network. I look at whether they are being adequately cared for.⁷⁸
81. Ex-serving members who gave evidence in our public hearings provided another perspective, identifying the factors that made a positive difference to them during transition. These factors were highly variable and included the support of family and friends; music; connection with community and faith; and a sense of purpose and identity.⁷⁹
82. Social connection is a significant protective factor.⁸⁰ Mr James Geerke, who medically separated from the Army, told us 'if I wasn't going home to the really supportive family environment, I definitely think my outcomes would have been much different'.⁸¹ Witness CO1 described how an assistance dog helped to prevent isolation due to chronic post-traumatic stress disorder (PTSD), allowing them to feel safe enough to connect again with family and life.⁸²

83. Witnesses gave evidence that connection to community and having a sense of purpose were protective.⁸³ Mr Kerin stated that he was extremely grateful to be close to people he had served with previously, who provided a private send-off, giving a sense of recognition and celebration of what he had contributed.⁸⁴
84. Senator Jacqui Lambie described the role of community and spirituality in building self-esteem, purpose and hope for the future:
- because I was so reduced to basically nothing, you know, I never really thought about faith or anything but I did make a deal with God, if he could just give me a second chance at life, I'd fight like hell for the veterans because I could understand what was going on and they were not getting a fair deal.
- ... I happened to run into a lady that was with the Country Women's Association. They wrapped cotton wool around me for about 12 months until I started to get my self-esteem back
- ... from there, I was able to build that confidence over 12 months and then join Rotary.⁸⁵
85. Finding a team of people who are able to provide strong therapeutic supports was also said to be crucial in protecting transitioning members from declining mental health, especially for those separating involuntarily on medical grounds.⁸⁶ Former Navy clearance diver Mr Ashley Semmens told us that getting adequate care has helped him become the happiest he has ever been, despite the long journey getting there.⁸⁷
86. Mr Lee Bailey, an ex-serving member and founder of Trojan's Trek, told us that music helped him cope when he was feeling suicidal. For him, music was the only thing that allowed him to hold on until his partner returned home.⁸⁸
87. This reminds us that the most effective protective factors may vary across individuals, and transition supports should be tailored to individual needs.

Wellbeing factors developed by Defence and DVA

88. Defence and DVA have developed a shared set of seven 'wellbeing factors' that are intended to inform the transition policy framework.⁸⁹ They are:
- Health: Positive health contributes to an individual's ability to participate in and contribute to society.
 - Social support and connection: Relationships and community connections contribute to quality of life and enable positive health outcomes. For Defence, a sub-component of 'social support and connection' is 'spirituality'.
 - Education and skills: Education and training are essential to an individual's development [and] ability to lead a productive life and enable positive life choices.

- Employment: Stable and fulfilling employment, whether paid or unpaid, contributes to improved wellbeing.
- Income and finance: Access to sufficient financial means is critical to overall wellbeing.
- Justice and safety: Personal, physical and psychological safety whilst living in a fair and just community contributes to an individual's sense of overall wellbeing.
- Respect and recognition: Community and organisational understanding, recognition and respect for the service of ADF members, ex-serving members and their families is a unique and important contributor to individual and community wellbeing.⁹⁰

89. Defence advises that these wellbeing factors are embedded in the current transition policy framework, including ADF member and family transition seminars and the ADF Member and Family Transition Guide.⁹¹ They are given effect through:

- the Transition Preparedness Questionnaire (TPQ), a screening tool to identify what transition supports may be relevant to an individual
- training modules in the Career Transition Coaching Program.⁹²

90. The Defence and DVA wellbeing factors are also reflected in the *Veteran Transition Strategy*, for which the Joint Transition Authority has identified a broader range of factors that it considers to be influential in how well an ex-serving member and their family members are able to transition. The additional factors include personal characteristics and interactions with services, and are summarised in Table 23.1.

Table 23.1 Factors influencing transition

Demographic and personal circumstances	Experience navigating transition and interaction with services	Veteran's wellbeing during and after transition
Self-agency	Coordination of support	Health
Identity and personal values	Leadership and culture	Social support and connection
Location	Access to and awareness of support	Education and skills
Family circumstances	Nature of service career	Employment
Gender	Reason and mode of transition	Income and financial wellbeing
Age	Public perception	Safety
		Respect and recognition

Source: Australian Government, *Veteran Transition Strategy*, July 2023, pp 12–14.

91. The *Veteran Transition Strategy* indicates that the Defence and DVA wellbeing factors will guide efforts to develop evaluation mechanisms for the strategy.⁹³
92. The Defence and DVA wellbeing factors were preceded by a Human Security Framework developed by the Joint Transition Authority to explore the transition readiness of members as they leave service.⁹⁴

The Protecting Lifetime Wellbeing Framework

93. Defence is also developing a Protecting Lifetime Wellbeing Framework, which will 'provide an understanding of risks to members' wellbeing over their lifetime' to inform policy and research, and 'formalise accountability for lifetime wellbeing of ADF members and veterans at different stages of the life course', including a successful transition.⁹⁵

AIHW reporting on its veteran-centred model

94. As part of a strategic partnership with DVA, the Australian Institute of Health and Welfare (AIHW) reports on wellbeing outcomes for ex-serving members using a 'veteran-centred model' across seven domains: health, housing, social support, education and skills, employment, income and finance, and safety and justice.⁹⁶ These domains diverge from the Defence and DVA wellbeing factors, identifying housing as a standalone focus and omitting the 'respect and recognition' category.

Identifying risks specific to the individual

95. Almost all ADF members will pass through the gateway of transition and its associated procedures. This provides an opportunity for Defence to identify members who are vulnerable and offer support that meets their individual needs.
96. This requires effective screening tools to assess and respond to risks specific to the individual. It may also require new or different services to fill gaps or action to encourage greater uptake of the services on offer.
97. Expert witnesses stressed the importance of transition supports designed to meet the needs of members most at risk of suicide.
98. Dr Kerri-Ann Woodbury leads the Transition and Reintegration Research program at the Gallipoli Medical Research Foundation and is an ex-serving member herself. She highlighted:

Successful reintegration is multifaceted and needs to be holistic, culturally determined and [it] involves complex interactions between the veteran and their environment ... [because] not all veterans are going to struggle with reintegration. Some re-adjust to civilian society with little difficulty. For those who do struggle, however, the outcomes can be life-altering and in some very sad cases, life ending.⁹⁷

99. We know that involuntary separation due to medical or disciplinary reasons is associated with higher suicide risk. Some experts argue that this group requires additional support.
100. Speaking about involuntary separation, Professor Andrea Phelps, Deputy Director of Phoenix Australia and Professor of Psychiatry at Melbourne University, stated:
- From the point of decision to discharge through to the first three to four years post service. Really, this is the group that has been identified through research as being high risk. It is critically important that we try to reduce the gaps in service[s] that they are accessing and to put some scaffolding around this high-risk group, a bit of a safety net around them. We know that it is a limited number of people. We need to pay a lot of attention to how we can try to support that group and see them through.⁹⁸
101. In terms of who is most at risk, a recent study of Australian ex-serving members undergoing transition suggests that voluntary separation can also be unplanned – ‘forced’ by burnout or a fear of letting peers down, or an inability to continue to prioritise service over family.⁹⁹ In these cases, transition may be coloured by a sense of grief and resentment.¹⁰⁰
102. This suggests the requirement for a needs-based approach that is agnostic about the category of separation, and focuses on uncovering the individual’s readiness to transition as well as any relevant risk factors.

23.1.4 Long history of inquiry and review

103. Defence acknowledges that support offered to transitioning members has been flawed in the past:
- Prior to 2017, ADF transition was an entitlements model, based on length of service, and there was little support for those members who were transitioning and had served less than 12 years. It was also limited in its ability to support at-risk cohorts and ADF families. Additionally, support was centred on the transition date, there was little consideration of preparing a member throughout their military career for transition and no post-transition support.¹⁰¹
104. In November 2016, Defence developed the Transition Transformation Program to support transitioning ADF members and their families.¹⁰²
105. Since 2017, Defence has adopted a range of new policies for the transition preparation and support system. Key elements include:
- introducing different streams of needs-based support
 - strengthening the focus on employment and career development
 - increasing the support provided to families during transition
 - contacting ex-serving members after they have transitioned.¹⁰³

106. Defence suggests that this constitutes a ‘transformation’ of the ‘transition ecosystem’.¹⁰⁴
107. Yet, between 2017 and 2024, a succession of inquiries and reviews found that the Australian Government still failed to provide transitioning members – especially the most vulnerable – with the supports they needed. Indeed, many of the recommendations made by these inquiries remain valid today and have not been implemented in a meaningful way. This includes recommendations in relation to Defence’s responsibility for lifetime wellbeing, training for civilian cultural adjustment and integration, and awarding civilian qualifications for ADF training programs.
108. In this section, we provide an overview of the findings and recommendations of previous inquiries and reviews since 2017. A summary of relevant recommendations is included in Annexure 23.1.
109. In 2017, the National Mental Health Commission published the findings of its *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*.¹⁰⁵ The National Mental Health Commission raised concerns about:
- the psychological transition from ‘warrior’ to civilian
 - impacts of transition on families
 - loss of purpose
 - difficulties promoting skills and experience gained in service to civilian employers
 - the absence of ongoing connection with service colleagues.¹⁰⁶
110. The Commission also flagged that involuntary discharge can negatively affect a member’s wellbeing.¹⁰⁷
111. In 2018, a Transition Taskforce co-chaired by Defence and DVA found that the most common barriers to effective transition are:
- prolonged periods of instability and uncertainty
 - inability to engage in or manage transition processes
 - inaccessible transition information
 - complex and fragmented government agency processes
 - service delivery timeframes that do not meet members’ immediate needs
 - a lack of trust in government
 - members’ low confidence in their employability
 - limited support for readjustment challenges
 - unpreparedness for loss of identity
 - unrecognised impacts on families.¹⁰⁸

112. The Productivity Commission delivered its report *A Better Way to Support Veterans* in 2019. The Productivity Commission found that '[d]espite considerable change in recent years, stewardship of transition remains poor and supports have not improved in ways that are tangible to veterans'.¹⁰⁹
113. It highlighted low participation rates in transition services, a lack of monitoring and evaluation to help target supports, and the stagnation of transition programs.¹¹⁰ The report observed that '[n]one of the concerns we heard about transition are new. The same issues were raised over 20 years ago.'¹¹¹ It also suggested that '[o]ne reason to be cautious about the tangible effects of recent initiatives is that many of the recent changes are similar to previous initiatives'.¹¹²
114. The Productivity Commission recommended establishing a new body, the Joint Transition Authority; improved supports for families and in the areas of employment and social connection; and the provision of a veteran education allowance.¹¹³
115. In 2021, the Interim National Commissioner for Defence and Veteran Suicide Prevention, Dr Bernadette Boss CSC, issued her preliminary interim report. Like the Productivity Commission, the Interim National Commissioner criticised the lack of data and information on the effectiveness of programs and outcomes for transitioning members.¹¹⁴
116. The Interim National Commissioner concluded that 'there must be greater service continuity between Defence and DVA, and a more formalised, comprehensive and compulsory training program, which includes transition competencies to prepare ADF members to have meaningful lives following their military service'.¹¹⁵
117. The Interim National Commissioner proposed a series of principles to guide current and future reform. These address themes of cultural adjustment, early preparation for transition, members' agency in the process, the needs of families and the transferability of qualifications.¹¹⁶
118. Other inquiries have also considered issues with transition processes. These include inquiries conducted by the Australian National Audit Office; the Senate Foreign Affairs, Defence and Trade References Committee; and the Joint Standing Committee on Foreign Affairs, Defence and Trade. Parliamentary privilege has presented a barrier to the Royal Commission making full use of these reports, so although we mention their existence we draw no inferences from them.

23.1.5 Introducing recent developments

119. Defence has implemented or announced a number of changes to transition supports since 2017. This section highlights the most significant developments.

The Defence Force Transition Program

120. The Defence Force Transition Program is delivered through 15 transition centres across Australia, where transition coaches provide transitioning planning and service referrals to members. The program has been progressively enhanced since 2017 to address identified gaps; for instance, it now provides additional supports for high-risk groups such as those separating involuntarily on medical grounds. Today, key elements of the program are:

- the Transition Preparedness Questionnaire, which is used to identify a member's transition needs
- the development of a transition plan with the support of a transition coach, which includes referrals to relevant transition services
- transition support programs that are available for 24 months after separation, including:
 - the Personalised Career and Employment Program: three months of job search and employment support available to early service leavers, and administrative and non-complex medical separations
 - Transition for Employment: tailored employment support to members with complex medical or personal circumstances
 - career transition coaching: one-on-one training across a range of optional modules, available to all transitioning members
 - the Partner Employment Assistance Program: assistance for partners of medically separating members, providing access to employment services and financial support for professional registration fees
- ADF member and family transition seminars, which have been mandatory since February 2022.¹¹⁷

121. In sections 23.2, 23.3 and 23.4, we assess whether the Defence Force Transition Program provides adequate support to members and their families as they transition into civilian life.

The Joint Transition Authority

122. The Australian Government established the Joint Transition Authority in October 2020 in response to the recommendations of the Productivity Commission.¹¹⁸ The Joint Transition Authority is part of Defence, and is not 'joint' with any other agency. It brings together certain functions previously undertaken by the three services of the ADF.

123. The Productivity Commission's intention was that a new authority be created to improve coordination of transition services and give greater prominence to transition within Defence. In part this was because 'problems with [transition] governance arrangements have persisted for decades, and ... [there is] resistance to reforms that would deliver long-overdue improvements to governance arrangements'.¹¹⁹ The new authority was intended to provide 'a central and unified source of transition services' and to 'improve services'.¹²⁰
124. In October 2021, the Joint Transition Authority issued its first public annual progress report, the *Joint Transition Authority Progress Report 2021*.¹²¹ This was followed by two further progress reports released in January 2022 and November 2023.¹²²
125. The first annual progress report states that the Joint Transition Authority works with transition stakeholders across Defence, DVA and the Commonwealth Superannuation Corporation to:
- provide strategic oversight
 - advise on the design and implementation plan for the Joint Transition Authority
 - review the progress of key activities and decisions
 - improve the 'coordination and synchronisation of resources and services' across Defence, DVA and the Commonwealth Superannuation Corporation.¹²³
126. It is notable that this list does not include any reference to improving transition outcomes for members.
127. Defence considers that the Joint Transition Authority reached 'full operating capacity' in December 2022. Defence defines 'full operating capacity' as completing all of the items in the Joint Transition Authority Implementation Plan and recommendation 7.1 of the Productivity Commission.¹²⁴ Defence cites completed deliverables relating to:
- establishing governance arrangements across the 'transition ecosystem', including a Joint Transition Authority Steering Group and the appointment of 'Head People Capability' as the technical authority for transition in Defence
 - updating a cross-agency memorandum of understanding between Defence and DVA in 2022, to be reviewed in 2023
 - evaluating transition supports across a number of bases, regions and services in 2022, to provide the basis of an initial assurance plan to 'evaluate and validate' the transition system
 - consulting with external stakeholders
 - contributing to the Veteran Transition Strategy
 - mapping the Defence transition system and DVA and Commonwealth Superannuation Corporation 'touch points' in 2021 and 2022, respectively

- developing a data collection and analysis process to generate:
 - a monthly 'transition data pack' with demographic and service-usage information
 - a six-weekly workforce data report on past and forecast transitions
 - a six-monthly transition data pack for states and territories
 - a biannual 'Support Continuation Performance Report' for Defence and DVA
- submitting annual reports to the Australian Government
- implementing 'improvements to service delivery processes and procedures'
- considering service delivery options for the Joint Transition Authority.¹²⁵

128. In its first annual progress report, the Joint Transition Authority signalled an intention to 'focus on providing immediate tangible benefits to members and their families'.¹²⁶

129. We acknowledge the Joint Transition Authority has produced useful inputs to transition policy and delivery, including an 'integration, synchronisation and assurance model' that aims to prevent members from 'falling through the cracks' and an analysis of risks that may influence transition outcomes.¹²⁷

130. Defence and DVA instituted a two-way flow of personnel data in 2022, and are progressing a 'Data Sharing Analytics Solution' that will link data on serving ADF members with DVA client data, with the aim of identifying prevention and early intervention opportunities and better targeting services.¹²⁸

131. The then Chief of the Defence Force expressed the view that the Joint Transition Authority is a 'real success ... the way it is learning and building as it goes'.¹²⁹ However, he also stated in a Minute to the Chief of Personnel 'Defence needs to do more to support our members who are involuntarily separated from Service' including medical separations and administrative separations.¹³⁰

132. Almost all of the deliverables listed by Defence are basic enablers of transition functions rather than new or improved services delivered to members. It is surprising that they were not already in place before the Joint Transition Authority was established.

133. Only one deliverable – 'improvements to service delivery processes and procedures' – may directly improve the experience of transitioning members. When questioned about this, Defence claimed:

Many initiatives have been implemented as a result of insights generated through evaluations, insights and engagement across the transition system. Some examples include: release and update of the ADF Transition Manual, feasibility of compulsory training course, evaluation of military bases – transition services, improvements to the Transition Health Examination process, and the multi-mode transition policy. This will be enduring, as the [Joint Transition Authority] strive[s] to continuously improve and deliver on the Veteran Transition Strategy.¹³¹

134. It is difficult to see how any of these examples have resulted in ‘immediate tangible benefits’ for transitioning members and their families. In fact, the feasibility study for a compulsory training course cited by Defence resulted in a decision *not* to provide additional supports to members (we discuss this decision further in section 23.3).
135. The Director General of the Joint Transition Authority, Air Commodore Kaarin Kooij CSC, disagreed with Counsel Assisting’s proposition that many of the matters achieved by the Joint Transition Authority ‘only indirectly benefit members’.¹³² But when asked to identify which achievement of the Joint Transition Authority would most likely involve tangible benefits for transitioning members, Air Commodore Kooij pinpointed (1) the revision of a transition health assessment form so it would collect the information required by the Commonwealth Superannuation Corporation to progress pension payments and (2) the establishment of consistent minimum timeframes for separation across the three services.¹³³ Although streamlining and process alignment are clearly warranted, this indicates that more substantive change remains out of reach.
136. Defence cited a recent survey as evidence that member satisfaction with its transition experience improved from 33% in 2022 to 46% in 2023.¹³⁴ This could be the start of a positive trend, but it is still low and is not a measure of outcomes.
137. It is also clear the Joint Transition Authority does not yet provide a unified source of transition services. Transition services continue to be provided by not only the Joint Transition Authority but also by various other organisations and individuals within the ADF.¹³⁵
138. In June 2022, the Defence Chiefs of Staff Committee agreed that the Joint Transition Authority would assume responsibility for transition functions previously held by the Defence People Group, including transition coaching, service delivery, assurance, governance, policy, programs and engagement. Transition functions held by the three ADF services, Joint Health Command or agencies external to Defence would continue to be performed by them (that is, outside the Joint Transition Authority).¹³⁶ In 2022, the Directorate of Transition Coaching and Support was integrated into the Joint Transition Authority, where it became responsible for the Defence Force Transition Program.¹³⁷
139. We discuss the ongoing need to resolve system complexity and fragmentation, including the role of the Joint Transition Authority, in section 23.2.

The Veteran Transition Strategy

140. In July 2023, the Australian Government released the *Veteran Transition Strategy* to ‘align the transition ecosystem’ with a shared vision and ‘provide guidance on how the transition experiences and outcomes of veterans and families can be improved’.¹³⁸
141. The strategy was due to be released in the first quarter of 2022, and as our interim report noted, it was well overdue in August 2022.¹³⁹

142. The *Veteran Transition Strategy* defines the ‘transition ecosystem’ as including ‘veterans and their families, Defence including the Joint Transition Authority, Department of Veterans’ Affairs, Commonwealth Superannuation Corporation, ex-service organisations, veteran support and community groups including Veterans’ and Families’ Hubs, research and academic bodies, state, territory and other government agencies, and industry and employers’.¹⁴⁰
143. The strategy sets six priorities, namely that:
- veterans and their families plan and prepare early for transition
 - veterans and their families are aware of and able to access support that is appropriate to their needs
 - families are engaged throughout transition
 - veterans and their families have access to opportunities related to employment, education and skills development
 - veterans and their families would experience financial wellbeing
 - veterans and their families feel supported and recognised.¹⁴¹
144. The strategy indicates that the ‘outcomes’ of this Royal Commission will be incorporated in a Strategy Action Plan to be led by DVA and expected in mid-2024.¹⁴²
145. The *Veteran Transition Strategy* highlights the importance of integrated service delivery and a needs-based approach to transition.¹⁴³ However, it suggests that these objectives have already been addressed and does not identify any specific actions for improvement.¹⁴⁴
146. The strategy states:
- In recent years there has been a concentrated effort to collectively harness the contributions of those in the ecosystem to better connect services, strengthen the focus on veterans and families transitioning well with enabling ready access to the right services at the right time.¹⁴⁵
147. It also says ‘improvements’ made in response to reviews have ‘supported the evolution from an entitlement-based model based on length of service and mode of transition, to a needs-based model’.¹⁴⁶
148. The strategy states that ‘Defence will work collaboratively with DVA and other key stakeholders to measure outcomes across the transition ecosystem that are focused on the transition experience of veterans and their families’.¹⁴⁷
149. It also notes that ‘data collection and sharing practices within the transition ecosystem [are] undergoing significant system change’.¹⁴⁸ This is sorely needed and we urge Defence, DVA and other relevant agencies to make this a priority.

150. The *Veteran Transition Strategy* suggests that Defence does not, at this time, have evaluation measures in place to assess the effectiveness of the strategy. It states:

Defence will work collaboratively with DVA and other key stakeholders across the transition ecosystem to develop evaluation mechanisms that effectively monitor progress in delivering on the vision proposed in the Strategy, including its broader ambitions, indicators, and strategic objectives.¹⁴⁹

151. A draft *Veteran Transition Strategy Action Plan: Financial Year 23–24* provided by Defence does not include the words ‘evaluate’ or ‘evaluation’. Under the heading ‘Veteran Transition Strategy Action Plan Measures of Effectiveness’, the draft action plan states: ‘transition projects will specify which outcomes their project is targeting within their business case. These will then be monitored by the Joint Transition Authority to ensure that the outcomes are realised’.¹⁵⁰ However, no ‘measures of effectiveness’ or ‘outcomes’ are identified in the draft action plan itself.
152. The continued absence of a robust framework for monitoring and assessing the effectiveness of transition supports reduces the ability for Defence to determine whether its programs are working and what further actions are required. We recognise that the Joint Transition Authority has undertaken a number of mapping, consultation and assurance activities, and encourage Defence to use these as the basis for more substantial change.
153. It is not enough to release strategies and announce new funding. Giving evidence in a public hearing, Productivity Commissioners Mr Richard Spencer and Mr Robert Fitzgerald AM highlighted the tendency for government to hide behind ‘strategies’. Mr Fitzgerald cautioned:
- [S]trategies are a dime a dozen in Government; that’s the business of government, creating of strategies. The only thing that matters about strategies is that it is implemented well and it actually has positive outcomes.¹⁵¹
154. Defence has pushed out into the future the creation of tools to hold Defence accountable for realising the improvements it says it is committed to achieving. Like Mr Spencer and Mr Fitzgerald, we are concerned that the lived experience of transitioning members will not change in any meaningful way.

23.2 Delivering transition services that meet member needs

155. Sections 23.2, 23.3 and 23.4 explore three key opportunities to improve transition supports, in relation to accountability for transition outcomes, adjustment to civilian culture, and employment and career supports.
156. In this section we examine the coordination and delivery of transition services and supports from the perspective of the transitioning member. The transition system is complex and fragmented. Navigating the system increases the pressure on the

transitioning member at a time when some are already overwhelmed by change or managing significant physical or mental health challenges. Although there is a proliferation of supports, a similar proliferation of providers means that accountability for delivering those supports is unclear. The framework for identifying and responding to the needs of the individual (especially those at high risk of suicidality and suicide) is only at an early stage of implementation.

157. The tools Defence uses for transition screening largely rely on the serving member providing complete and accurate information and explicitly identifying their needs. These screening tools prioritise the collection of information relevant for entitlements and payments, rather than what is necessary for wellbeing and integrating ex-serving members into civilian society. In this section we look at alternative screening tools that focus on identifying members' individual needs in a holistic way, and those that screen for vulnerabilities such as suicidality and military sexual trauma.
158. We examine the measures currently in place to support coordination and collaboration across transition service providers, and the shift from an entitlements-based approach to a needs-based approach. We look at the role of transition coaches and explore why many ex-serving members see the transition coach model as little more than a checklist approach. We welcome the shift to a needs-based system and make recommendations on how to improve it.
159. We consider the relationship between Defence and DVA, and argue for a more integrated approach with shared accountability for transition outcomes.

23.2.1 Screening to identify needs and risks

160. Screening is a key tool to identify individual transition needs and escalate immediate risks of suicide or suicidality during transition.

Identifying individual transition needs

161. Transitioning members each have different needs, depending on a variety of factors including their level of readiness for transition and the presence or absence of risk and protective factors. As the Interim National Commissioner wrote, 'ADF members differ in their needs, strengths, aspirations and levels of resilience, which means any transition support must be individually tailored'.¹⁵²
162. In the current system, the Transition Preparedness Questionnaire (TPQ) is the main tool for identifying individual support needs. We have considered the effectiveness of this tool and other approaches in screening for transition readiness and risk.
163. We have also considered the adequacy of Defence systems for responding to any risks to member wellbeing identified through transition screening, and for learning from incidents of suicidality during transition.

164. In 2021, Defence told the Interim National Commissioner it was shifting 'to a needs-based model'.¹⁵³ In July 2023, Ms Justine Greig PSM, Deputy Secretary, Defence People Group, Department of Defence, reiterated to the Royal Commission:

The major shift for Defence has been to move from an approach that saw programs and services offered based on length of service to a 'needs' based approach. This means that the circumstances of each veteran and their family are assessed and transition support programs are offered based on the specific needs of each veteran and their family.¹⁵⁴

165. This shift is incomplete and sustained effort is required to deliver a transition system that truly responds to individual needs, taking account of the range of factors known to influence member wellbeing after separation. The mapping project undertaken by the Joint Transition Authority found that it is operating under a '[r]elatively new and immature needs-based framework'.¹⁵⁵ The Joint Transition Authority also found that:

individual member needs are not being clearly identified and targeted, resulting in transition services not being needs-based. Members are instead offered general nonspecific support services.¹⁵⁶

166. The assessment tools Defence currently uses in the transition process address the Defence and DVA wellbeing factors, but do not address other risk factors for suicidality such as military sexual trauma. They also fail to recognise the psychosocial factors that are relevant to successful cultural adjustment and integration.
167. Significant improvements are still required to measure and report transition outcomes adequately, so that adjustments can be made. Significant improvements are also still required to provide transitioning members with needs-based support. Data collected could also be used to identify systemic or common risk factors for suicide and suicidality at a larger scale across the ADF. We acknowledge that the Joint Transition Authority is progressing a number of actions to improve assurance and risk management systems within Defence and in partnership with DVA.

The Transition Preparedness Questionnaire

168. The TPQ is a survey that transition coaches use to assess a member's readiness to transition and determine their transition support needs.¹⁵⁷ The questions in the TPQ broadly address the areas of need identified by the Defence and DVA wellbeing factors and the Human Security Framework before it.¹⁵⁸ These include health, housing and accommodation, social connectivity, education, meaningful engagement or employment, finance and transport.¹⁵⁹
169. Transition coaches use the results of the TPQ to develop a transition plan for the member and facilitate referrals to specific transition courses, which are mostly focused on employment support.¹⁶⁰

170. Transition coaches prompt members to respond to the TPQ at three key moments:
- at the point of notification of transition (TPQ1)
 - three weeks prior to the planned separation date (TPQ2)
 - six months after separation (TPQ3).¹⁶¹
171. Defence states that TPQ1 aims to ‘provide both members and transition coaches with beneficial information as the member approaches their transition. The questionnaire serves to highlight areas of civilian life the member may need to plan for/consider as they approach transition’.¹⁶²
172. TPQ2 ‘provide[s] a temperature check of where the member’s preparedness [or] circumstance sits compared to TPQ1’ and TPQ3 provides ‘insight into how a member is coping with civilian life’.¹⁶³
173. The TPQ relies on the member to be clear about and identify their support needs. Yet, as we explore in Part 2, Serving the nation, and Part 5, Health care for serving and ex-serving members, ADF culture does not encourage members to be open about their needs and seek help. Defence suggests that the TPQ encourages members to ‘start thinking about actions they may need to take as they approach transition’.¹⁶⁴ If the member is unable or unwilling to provide a considered response to an item in the TPQ, it will likely result in a gap in their transition plan and preclude them from accessing the relevant transition supports.
174. Members are asked to reflect on their ‘level of preparedness’ for transition and the degree of importance they place on each factor, selecting their response from a prescribed list.¹⁶⁵
175. Using the theme of education as an example, the Defence and DVA wellbeing factors report that ‘education and training are essential to an individual’s development, ability to lead a productive life and enable positive life choices’.¹⁶⁶
176. Table 23.2 shows how this translates to the TPQ.

Table 23.2 TPQ education questions

Question	Response options
Please rate your agreement [with] the following statement: I am in control of my education circumstance	Strongly disagree Disagree Agree Strongly agree
Are you currently undertaking a course of study/training?	Yes No

Question	Response options
Do you intend to undertake a course of study/training?	Not presented Yes No
How open are you to undertaking further studies?	Not presented Not at all open Somewhat open Open Very open
Will you be able to undertake the study/training within the region you intend to relocate to?	Not presented Yes No
Which fields would you be open to/are you currently studying in? (select all that apply)	Agriculture and forestry Communication services Construction Cultural and recreation services Education Electricity, gas and water supply Finance and insurance Government and defence Health and community services Hospitality Information communication technology Manufacturing Mining Property and business services Personal and other services Retail trade Transport and storage Other
Do you have any nationally recognised vocational or tertiary qualifications?	Yes No

Question	Response options
How closely do these qualifications align to your future career goals?	<p>Not presented</p> <p>Exceeds the minimum requirement for my chosen field</p> <p>Meets the minimum requirement for my chosen field</p> <p>Somewhat aligns however does not meet the minimum requirement for my chosen field</p> <p>Does not align to my future career goals</p>
How prepared do you feel to meet your education needs post-transition?	<p>Very unprepared</p> <p>Somewhat unprepared</p> <p>Somewhat prepared</p> <p>Very prepared</p>
How satisfied are you with your overall education circumstances?	<p>Very dissatisfied</p> <p>Dissatisfied</p> <p>Satisfied</p> <p>Very satisfied</p>
How important are your education needs to you?	<p>Not at all important</p> <p>Slightly important</p> <p>Important</p> <p>Extremely important</p>

Source: Exhibit V-01.001, Department of Defence, Response to Notice to Produce, NTP-DEF-131, Transition Preparedness Questionnaire, DEF.1393.0001.0001 at Tab 1.

177. Prior to December 2022, TPQ2, and subsequently TPQ3, were only issued to members who had completed the previous survey round. Defence advised that between July and November 2022, only 10 out of 72 people (14%) had completed all three stages of the TPQ.¹⁶⁷

178. From December 2022, Defence began to issue TPQ3 to all transitioning members, not just those who had completed TPQ1 and TPQ2. As a result, 1,447 were issued but only 249 (17%) were returned from December 2022 to July 2023.¹⁶⁸ This suggests very low participation in the TPQ.

179. For many members, the TPQ is just another form. Defence acknowledged that:

the identification of need is predicated on either the member's self-identification of an issue, or on the Chain of Command's actions in guiding a member's transition journey to the point of transition/separation.¹⁶⁹

180. Defence described the transition plan developed using the TPQ in these terms:

The Transition Plan is a series of questions which act like a checklist to ensure a member has considered the administrative aspects associated with transition.¹⁷⁰

181. The focus on administrative requirements is a distinct feature of the transition service system. We have heard evidence that, faced with the administrative burden of transition, recently transitioned members can feel as if '[t]here's paperwork for everything' and say, 'I'm liable to break out in "form rage". I have developed an allergy'.¹⁷¹

182. To illustrate this point, we heard from Defence that additional to TPQ3, an ADF Post-Transition Survey/Questionnaire is circulated to ex-serving members every three months for 24 months after separation.¹⁷² It is no wonder that some ex-serving members feel 'allergic' to paperwork. It is unclear how this survey adds value beyond the three stages of the TPQ.

183. The stated purposes of the ADF Post-Transition Survey are:

- to provide transitioned ADF members a mechanism for feedback on their transition experience
- to drive reform and innovation across Defence's Transition Coaching and Support Service (TCS) delivery through the collection of efficacy and sentiment data
- to provide transitioning ADF [m]embers with a mechanism whereby they can reach back into Defence for support should their post-transition goals or circumstances have changed
- to enable the conduct of welfare checks of transitioned ADF members through the re-identification of responses where comments of concern are provided in responses to the anonymous survey.¹⁷³

184. The rate at which this survey is sent out represents eight surveys over two years, in addition to the three TPQs. Unsurprisingly, the return rate is very low, starting with 21.6% for the first survey and dropping to 9.8% for the final survey.¹⁷⁴

185. The evidence we heard indicates that member engagement with the TPQ during transition planning is also poor. Recently separated ADF members did not recall responding to the TPQ among the many forms they must complete during transition.¹⁷⁵ Some did not even recall having a transition plan; others considered it to be of minimal use.¹⁷⁶

186. One member said his transition plan was put on file with gaps due to unknown information, which the transition coach never filled in.¹⁷⁷ On the utility of the transition plan, member remarks included 'if a plan was developed, it was not followed' and '[i]t was hard to do a transition plan when you don't know what you're going to do'.¹⁷⁸

187. This evidence suggests that the TPQ does not meaningfully explore the needs of individual members. Rather, it leads to a robotic and superficial transition support service that relies on the member to identify supports they will need.

188. In early 2023, use of the TPQ was still considered to be a trial.¹⁷⁹ In internal discussions, Defence commented:

[The] TPQ has been a wonderful tool but we are starting to unpick what it means to move to the needs-based approach particularly at the post 12 and 36 months timeframe – when, what and how do we help.¹⁸⁰

189. The TPQ was independently evaluated in March 2023 to better ‘understand the features and functionality of the TPQ compared with other transition preparedness assessment tools’.¹⁸¹

190. The evaluation found that the TPQ ‘operationalised’ Defence’s ability to assess a member’s state of readiness to transition against the Human Security Framework factors.¹⁸² It found the TPQ captured individual and changing transition needs ‘to some extent’, but that there were ‘gaps in assessing long-term transition outcomes’.¹⁸³

191. The evidence before this Royal Commission suggests that the TPQ does not provide a holistic assessment of individual needs, particularly in relation to cultural and social adjustment factors that have been shown to affect transition outcomes. This is because it does not ask the right questions and its objectives are undermined by a low response rate, the perception that it is a box-ticking exercise and reliance on the member to articulate their needs.

192. Although the TPQ does ask about the member’s plans for employment and other meaningful activities, it does not include the word ‘wellbeing’, nor does it explore whether the member is prepared for the shock of entry into civilian culture, loss of purpose and identity, and potential difficulty connecting with civilians that many ex-serving members report experiencing. The latest version of the TPQ does not screen for sub-clinical adjustment issues such as problematic anger or sleep problems.¹⁸⁴ We discuss these cultural and social challenges further in section 23.3.

193. We consider alternative assessment tools that incorporate a broader range of domains below.

A more holistic approach to assessing the needs of the individual

194. A key recommendation of the Productivity Commission was to ‘prepare members for other aspects of civilian life, including the social and psychological aspects of transition’ in addition to employment supports.¹⁸⁵ We considered two alternative assessment tools developed by the Gallipoli Medical Research Foundation that seek to assess how these factors influence transition outcomes for individual members.

195. The Gallipoli Medical Research Foundation is ‘a not-for-profit registered health promotions charity and approved research institute dedicated to enhancing the health and wellbeing of veterans and their family through high quality medical research’.¹⁸⁶ It established a Transition and Reintegration Research Program in 2015, funded by RSL Queensland.¹⁸⁷ It established the program because:

there remains no standard method to measure and assess the key issue of reintegration and psychological adjustment and also a lack of widely accepted evidence-based interventions targeting this issue.¹⁸⁸

196. Giving evidence to the Royal Commission, a panel of researchers from the foundation stated:

The purpose of this study was a multi-phase program of work to understand the adjustment process of moving from a military culture to a civilian culture from a psychological perspective, and to develop a valid and reliable measure to measure adjustment to civilian life post-service.¹⁸⁹

197. In 2020, the foundation published a ‘milestone paper’ describing the development and validation of the Military to Civilian Adjustment and Reintegration Measure (M-CARM).

Two new tools: M-CARM and MT-Ready

198. The M-CARM is a diagnostic tool to assess psychological adjustment and cultural reintegration following separation from the military. It includes psychosocial wellbeing markers such as a sense of purpose and belonging, and habits and flexible mind states.¹⁹⁰ It has been described as ‘an attempt to make a first-of-its-kind’ and was developed primarily using data from the United States and Canada.¹⁹¹
199. In 2021, the foundation launched the ‘Go Beyond Navigating Life Beyond Service’ training program, ‘an online companion psychoeducational self-directed training program’ personalised to the needs of participants based on their M-CARM profile.¹⁹²
200. The M-CARM considers a range of factors that are known to contribute to a good transition and, conversely, known risk factors for veteran suicide. The factors it identifies are broader than those in the TPQ and it is not employment-orientated like the TPQ and related transition plans.
201. The TPQ provides information to the Joint Transition Authority that is to some extent based on the member’s self-assessment of what is important to them, in relation to previously identified factors. The purpose of the TPQ is to identify relevant services the member can be referred to, from a menu of available supports. The factors have a practical focus and are relevant for transition preparedness but do not address the mindset required for successful adjustment and integration within each of those factors.

202. Although the M-CARM is designed to measure cultural and psychological adjustment after permanent separation from the military, it has also been adapted for use before separation, in the form of the Mental Readiness for Military Transition Scale (MT-Ready). The MT-Ready was developed to fill a gap in pre-separation screening, to assess mental readiness for transition. It aims to identify personnel most at risk of poor outcomes while ‘capturing key psychosocial determinants of adjustment and reintegration post-service’.¹⁹³
203. An evaluation of the M-CARM combined with a literature review identified common factors among veterans who had described adjusting well to life after service versus those who had not. These factors were:
- social connectedness and belonging, attitudes towards civilians and military service, attitudes towards help seeking, sense of identity and purpose, as well as rigidity and psychological flexibility.¹⁹⁴
204. The M-CARM includes prompts designed to assess the adjustment and integration of ADF members post-separation, including:
- ‘Despite all my experience in the military, I am undervalued by civilians.’
 - ‘I don’t think society puts much value on military service and experience.’
 - ‘Outside of the military, I have found people that I connect with through shared interests or beliefs.’¹⁹⁵
205. The evaluation of the TPQ also considered the M-CARM and MT-Ready, and other tools such as the Army’s Transition Readiness Assessment Tool. The evaluation disregarded these alternative tools on the basis of ‘appropriateness, effectiveness, efficiency and accuracy’.¹⁹⁶ Although it acknowledged that each of the tools reviewed had a different purpose, the fact is that the TPQ identifies areas of practical need for referral and transition plan development. By contrast, the M-CARM aims to measure adjustment via an assessment of very different domains.
206. This illustrates the ADF’s transactional understanding of transition, which focuses on checklists and arbitrary service offerings instead of seeking to uncover and address the underlying factors that shape outcomes for ex-serving members. This is far from a lifetime wellbeing approach.
207. Dr Kerri-Ann Woodbury leads the Transition and Reintegration Research stream at the Gallipoli Medical Research Foundation and is an ex-serving member. She described the five domains measured by the M-CARM:
- [The first is] purpose and connection, and that looks at a sense of purpose, fulfilment, belonging and achievement through participation in meaningful activities and establishing social connections outside of the military.
- The second one is help-seeking, which is the attitude toward seeking of help to do with health and mental health difficulties, knowledge about accessing professional support and the propensity of a person to access help.

The third factor is belief about civilians, which is the belief and perceptions of civilians and general society including the attitude of civilians towards and the treatment of veterans.

The fourth factor is resentment and regret, which is around the animosity towards the military and their experience of service and separation.

And the final factor is regimentation, which is a veteran's adaptability to change, and retention of problematic military habits.¹⁹⁷

- 208. In section 23.3, we consider how the M-CARM might inform a training program that prepares members for the cultural adjustment and integration challenges of transition.
- 209. If Defence is to give effect to its stated commitment to a needs-based approach to transition supports, current screening tools and processes should be expanded to assess psychosocial readiness for transition. Drawing on the latest research, screening should consider purpose and connection, help-seeking, beliefs about civilians, and regimentation and adaptability.
- 210. With the consent of the member, transition screening results should be shared, wholly or in part, with the member's commanding officer and key transition support people within Defence and DVA.
- 211. Defence and DVA should implement a proactive process for obtaining consent from members as part of early preparation for transition. This could align with a comparable process introduced in 2016 to ask recruits at enlistment to consent to their information being provided to DVA for the purposes of early engagement with DVA.

Addressing suicide risk factors during transition

- 212. Although the primary purpose of the TPQ is to assess a member's readiness for transition, screening may also identify that an individual displays heightened suicide risk. Even in the absence of a broader screening tool, the existing tools could be used to more systematically identify individuals at risk of harm during transition due to mental health issues or suicidality.
- 213. In 2021, the Joint Transition Authority's annual progress report said that developing an 'escalation framework for vulnerable members' was a priority.¹⁹⁸ Yet processes to identify and escalate concerns about the wellbeing of a transitioning member remain immature. In response to our concerns about the lack of an appropriate escalation process for risks identified in post-separation surveys, Defence stated:

A daily keyword search of qualitative comments provided by survey respondents is conducted during each business day of the two weeks the survey is open. This occurs every month. The search is undertaken using a list of agreed key words that would potentially be used when an individual is talking about harming self or others including suicide. If the comment includes one of the key words and relates specifically to suicide, suicidal ideation or harming others, it is escalated to the

Transition Operations Assistant Director to request the identified details. It is then referred to the Defence Member and Family helpline to connect with the member. A risk management Standard Operating Procedure (SOP) has been developed to assist with internal escalation processes.¹⁹⁹

214. Defence signalled that a more robust system for risk escalation is being developed under the title of a 'transition readiness risk assessment'.²⁰⁰ This will 'allow Defence to exercise a more deliberate formalised escalation framework' and support the chain of command 'in proactively managing vulnerable transitioning members'.²⁰¹

215. Defence also proposes to expand the way it uses the outputs of the TPQ, to identify and address risks to members during transition.

216. At an individual level, Defence considers that primary responsibility for identifying and addressing risks to the wellbeing of transitioning members sits with the member's commanding officer:

The member's COC [chain of command] is best positioned to make an initial assessment of an individual's readiness to transition, given that they would be longitudinally aware of stressors likely to be impacting on a member during their transition.²⁰²

217. Commanding officers might be expected to have special insight into the transition needs of their personnel.²⁰³ If a commander receives information to indicate the transitioning individual has additional support needs, it is their role to determine the need for, and convene, an individual welfare board:

[A]n individual welfare board must be convened for any member assessed to be at medium or high risk of self-harm or suicide. At the discretion of a commander or manager, a welfare board may be considered for members at lower risk of self-harm or suicide.²⁰⁴

218. The commanding officer may also delay the date of separation if, in consultation with the member, they consider the member is at risk of harm by leaving on their scheduled separation date.²⁰⁵ Importantly, this allows a commanding officer to push back separation if a member's DVA claim is yet to be resolved.²⁰⁶

219. Despite this, Defence does not share a member's TPQ results with their chain of command.²⁰⁷ Defence proposes to resolve this anomaly:

Work is currently ongoing to refine use of this data, combined with input from the DSAS [Data Sharing Analytics Solution] to identify and assess the degree to which a member may present as needing increased levels of support. Whilst this information is currently used by transition coaches to help determine the supports required, the intent is to provide a version of assessment against each Defence-DVA Wellbeing Factor subject to meeting privacy constraints, to support Command's management of individual welfare.²⁰⁸

220. At an enterprise level, TPQ results could be used to identify systemic risks and address them in a strategic way.
221. The Data Sharing Analytics Solution will combine Defence and DVA data to ‘produce insights into the protective and risk factors present across the organisation’ and in specific cohorts.²⁰⁹ It was expected to be completed in the 2023–24 financial year.²¹⁰
222. Defence indicated that it and DVA ‘are exploring how to utilise the information collected from the TPQ and the Data Sharing Analytics Solution to support DVA’s identification, prioritisation and escalation of claims’.²¹¹ This work is at an early stage and will need to resolve issues around consent and the handling of sensitive personal information.²¹²

Barriers to sharing the results of the TPQ

223. Defence advises that, due primarily to privacy constraints, information in the TPQ is not shared with transition support people such as divisional officers, transition warrant officers, personnel capability officers and Defence Member and Family Support (DMFS) – even if the TPQ identifies the individual to be at risk.²¹³
224. People in these roles provide advice and resources to the commanding officer, who is ultimately accountable for the wellbeing of members transitioning out of the ADF.²¹⁴ Without the benefit of insights from the TPQ, these support people cannot tailor their advice to command. This significantly undermines the ability of commanding officers to fulfil their duty.
225. The lack of information transfer also hampers the ability of the Joint Transition Authority and its transition coaches to respond to risk factors during a member’s transition. Defence considered it important for the Royal Commission to know that ‘coaches are only aware of the circumstances of a member’s transition from the perspective of the member and the information they provide’.²¹⁵
226. In Chapter 29, Use of data and research by Defence and DVA, we discuss the importance of sharing data about member wellbeing with commanding officers, supervisors and managers, to enable them to execute their duties.
227. Sharing members’ TPQ responses – in full or in part, and on a need-to-know basis – could contribute to members receiving the support they need, when they need it. As a minimum, these responses should be shared with the member’s commanding officer.
228. Adequate and common-sense information sharing could also help tackle the complexity and fragmentation of the transition services system, by fostering a consistent and connected approach among the many support people a member may be required to engage with. However, this benefit may be undermined if Defence does not address the culture of non-disclosure, lack of trust and administrative violence that uses disclosure against members, as we discuss in Chapter 10, The ADF military justice system, and Chapter 16, ADF healthcare services.

229. Conversely, DVA and the Commonwealth Superannuation Corporation have live access to ADF health records 'with a member's consent ... to enable claim/s to be determined'.²¹⁶ After separation, '[m]embers and their families determine the amount of information that can be shared with DVA and other support entities'.²¹⁷
230. To address privacy concerns, Defence has developed a process for extracting a Transition Preparedness Summary from a member's TPQ results, which can be shared with the member's commanding officer to inform transition support. Information technology and policy changes to enable this approach are underway, and it will be trialled for voluntary separations before being expanded to involuntary separations.²¹⁸ Defence has flagged there may also be scope to extend the summary to DVA, to inform claims prioritisation.²¹⁹
231. The Director General of the Joint Transition Authority, Air Commodore Kaarin Kooij CSC, discussed the barriers to sharing information, even within Defence. In addition to privacy, Air Commodore Kooij cautioned that members may be less forthcoming in the TPQ if they know the information is going to be shared:
- The other factor that I need to take into consideration is there is a risk members may not be as honest as what ... they might be if they know that the document or parts of the document go to command or family, or the like.²²⁰
232. Nonetheless, in her submission to the Royal Commission, Air Commodore Kooij argued that privacy legislation should be amended to enable 'at a minimum the capacity to exchange data between Defence, DVA, and CSC [Commonwealth Superannuation Corporation] for the purpose of claim escalation, prioritisation, and processing'.²²¹ She said that 'data exchange needs to go beyond health data to include other personal data to support transitioning members' welfare', and asked us to consider whether information sharing should extend to command.²²²
233. The Chief of Personnel, Lieutenant General Natasha Fox AO CSC, observed 'sometimes a risk is raised and that doesn't elevate out of a lower level and ... inform a commander because someone's concerned about privacy'.²²³ She suggested junior staff, including transition coaches, need more education about privacy requirements so they can be confident flagging concerns about member wellbeing with commanding officers.²²⁴
234. The Chief of Army, Lieutenant General Simon Stuart AO DSC, also supported greater sharing of information about the health and wellbeing of transitioning members with commanding officers, and noted this already occurs in a limited way to enable commanders to push back a member's separation date if the member is not ready to leave.²²⁵
235. In Chapter 16, we consider privacy and information sharing more broadly, including the legislative framework. Information sharing within and across agencies may also be influenced by other factors, such as incompatible data systems, risk-averse culture, or a poor understanding of legislative requirements and how to navigate them (for example, by seeking consent to a data exchange).

Learning from events of suicide and suicidality during transition

236. The then Chief of the Defence Force, General Angus Campbell AO DSC accepted that when an incident of suicide or suicidality occurs among serving or ex-serving members, Defence as an organisation must deeply reflect on the adverse event and examine whether any failures of leadership or organisational architecture contributed to it.²²⁶ This must include incidents that occur during transition.
237. Currently, it is not clear who is responsible for reviewing incidents of suicide and suicidality during transition, and there is no systematic process of notification, reflection and review.
238. Air Commodore Kooij confirmed that the Joint Transition Authority does ‘not specifically’ conduct inquiries into individual cases where people have died by suicide, but will look at a case if it is raised with the Joint Transition Authority and consider whether the case raises systemic issues.²²⁷ Notifications to the Joint Transition Authority are ad hoc and delivered via Defence Member and Family Support (DMFS).²²⁸
239. Lieutenant General Fox advised there is a system within Defence for sending a notification of the death of a serving member (including one in transition) through the command chain, including to the Head of People Capability, DMFS and DVA.²²⁹
240. However, Lieutenant General Fox clarified that there is no formal system for notifying Defence of the death by suicide of a recently separated member.²³⁰
241. Head of People Capability, Major General Wade Stothart DSC AM CSC, added that the Joint Transition Authority will have an assurance function in relation to the transition system, which ‘will involve a degree of a lessons-learned process and review of outcomes that have not gone as they should have’.²³¹
242. The Interim Assurance Plan of the Joint Transition Authority was endorsed in February 2023.²³² It is limited to ‘areas of responsibility that are within the [Joint Transition Authority’s] technical control’.²³³
243. In Chapter 29, we recommend the creation of a new database to improve the accuracy of suicide surveillance for all permanent, reserve and ex-serving members. In its design and development, the database should capture a range of risk and protective factors to improve understanding of suicide, suicidality and self-harm.
244. The database should be informed by best-practice approaches to suicide surveillance from other countries. In the United States, for instance, section 102 of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2020 mandates a review of records of former members of the armed forces who die by suicide within one year of separation from the armed forces.²³⁴

245. The Act requires the Secretary of Defense and Secretary of Veterans Affairs to jointly review Defense health treatment, fitness, training, safety and personnel records to identify and consider:

- whether the Department of Defense had identified the member as being at elevated risk in the year before separation
- if so, whether this was communicated to the Department of Veterans Affairs during the member's transition
- whether known risk factors for suicide or suicidal ideation were present
- demographic variables, including sex, age, rank, reason for separation and other factors
- what support or care the Department of Defense and Department of Veterans Affairs provided to the member.²³⁵

246. In this framework, risk factors include exposure to violence or suicide; housing or financial instability; legal or vocational problems; serious relational problems; and limited access to health care.²³⁶

23.2.2 Moving beyond a 'checklist' approach

247. Transition coaches are one of the key points of contact for members preparing to separate from the ADF, and this relationship may continue in the 24 months following separation. We considered the quality of this relationship and how it might be improved to better support members.

Meaningful engagement with transition coaches

248. Transition coaches were introduced as part of the 2017 'transformation of transition' change program. The old method of using 'transition coordinators' to provide information about entitlements was replaced with an individualised coaching model.²³⁷ In 2022–23, the Joint Transition Authority employed 30 transition coaches at APS Level 3 to APS Level 6.²³⁸ In the same year, a further 37 contractors were retained as transition coaches.²³⁹

249. The introduction of transition coaches created some optimism about positive outcomes in a more personalised, needs-based service. For example, the Interim National Commissioner commented:

A central part of the change was the introduction of transition coaches, whose role was designed to support ADF members to develop an individual transition plan, and understand and meet mandatory administrative requirements, and to provide transition and career coaching for a life outside the ADF.²⁴⁰

250. Defence advised that ‘transition [c]oaches are the main point of contact for ADF members who are considering or undertaking transition’.²⁴¹ They ‘provide tailored coaching and work with ADF members and their families to develop an individualised transition plan to support members through the process, and for up to 24 months afterwards’.²⁴² The transition coach:

- provides referrals to each of the transition services or supports that make up the Defence Force Transition Program
- is the point of contact within Defence for the transitioning member to reach back into Defence for support, for 24 months after their separation date.

251. Contrary to their title, transition coaches do not appear to provide direct support services to members. Their role is to interpret a member’s needs based on the TPQ and to formulate a transition plan in consultation with the member. The transition plan lists service referrals that are available to the member ‘if the coaching conversation identifies they are appropriate’ or in response to the self-identified needs of the transitioning member.²⁴³

252. We heard from transitioning members that the process of developing a transition plan with a transition coach often felt like a ‘tick and flick’ or ‘checklist’ exercise, rather than a meaningful exploration of individual aspirations and a pathway to integration into civilian life.

253. When asked about his experience with a transition coach, Mr Jonathan Morgan, a recently transitioned Air Force pilot and flying instructor with over 20 years of service, indicated:

That individual I vaguely recall meeting once, I think. They were well versed in the contents of their form and knew what sort of answers were a good fit for each of those questions. They had very little understanding of my individual circumstance. ‘Parkinson’s disease, what’s that?’ I don’t expect or, indeed, anticipate that they would be well versed in any particular medical issue. However, it highlighted to me that, I suppose, the lack of personal adjustment to the process that they were, you know, trying to assist with. I didn’t get much coaching at all other than, ‘Good luck with that’.²⁴⁴

254. Mr Simon Marshall, who medically separated from the Army in 2019 after 37 years of service, described the focus on administration in lieu of personalised support:

I got an email to say that because I had handed my Defence identity card in and because I handed in my backpack, after 37 years, I was ready to go into what we call civilian street, good to go, ID card’s been handed in. That was the level of support that I received from my particular transition coach

... apparently, according to my transition coach, I was good to go. I would have to disagree with that, obviously.²⁴⁵

255. Similar comments were made in relation to member support coordinators within the services. Mr James Kerin medically separated from the Navy in 2022 after 13 years of service. He reflected on his experience:

[I] ... went through PSU [the Personnel Support Unit of the Navy] and members there are often very well intentioned but ill prepared and these people aren't casework specialists. They've come from other areas of Defence with very little preparation, very little training, to then care for people with complex needs

... There is definitely a tick and flick approach to the milestones that need to be met before transition and a lot of those I needed to drive myself.²⁴⁶

256. This raises questions about the efficacy of screening tools (discussed previously in this section), the capability of transition coaches, and the adequacy of the referral model and quality assurance processes within the Joint Transition Authority.

What capabilities are needed?

257. We asked recently transitioned members what skills or experience transition support people should have. Mr Morgan said they need to be 'well versed in military aspects of life' and noted that not all support people he encountered had this understanding.²⁴⁷
258. He also emphasised the importance of 'a bit of simple humanity in life experience' because 'if you're not a particularly empathic person or don't have the understanding in the beginning, you're not going to be particularly well received when you ask the awkward questions'.²⁴⁸ Mr Kerin explained how valuable it was when he was assigned a rehabilitation coordinator through DVA who 'genuinely showed interest in my wellbeing, not just the state of my administration'.²⁴⁹
259. Defence has acknowledged that 'the quality of service provided may vary according to the skill level and experience of the coach'.²⁵⁰ In response, the Joint Transition Authority has undertaken 'upskilling of coaches, development of fact sheets, regular communications with coaches' and 'has initiated a training needs review for its coaches, and ... undertaken a number of assurance activities'.²⁵¹
260. The Productivity Commission envisaged that transition coaches could come from diverse professional backgrounds, including military and civilian experience in career development, nursing, social work, psychology or other disciplines.²⁵²
261. The Joint Transition Authority recognises that 'transition coaching can no longer be characterised as a solely employment-focused activity hence a qualification for transition coaching that is solely career-based is no longer fit-for-purpose'.²⁵³
262. In December 2022, the required qualifications for a transition coach were updated from a Certificate IV in Career Coaching to a Certificate IV in Coaching 'equivalency, including five years relevant work experience'.²⁵⁴ Defence considers this to align with the Interim National Commissioner's Recommendations 7.2 and 7.7 'to take on a whole of career/life planning perspective, and to integrate a lived experience into the transition program'.²⁵⁵

263. Transition coaches go through an induction with on-the-job training. There is no requirement to undertake study or training after they are appointed to the role, beyond the mandatory induction training required of all Defence employees, contractors and ADF members.²⁵⁶ It is concerning, for example, that transition coaches do not complete training on trauma-informed approaches so they can respond appropriately to past or present trauma experienced by a member they are supporting.
264. Transition coaches may be employed in the Australian Public Service, as ADF reservists or as private contractors from provider Right Management.²⁵⁷ Some, but not all, have lived experience of military service. Ms Linda Bone, Assistant Director of Transition Operations at the Joint Transition Authority, indicated:
- we have, like, a fairly decent contingent of ex-serving members who are transition coaches, or the immediate family, so parent, child, spouse of a transitioned or current serving member.²⁵⁸
265. However, this does not mean they have experience of transition from the ADF into civilian life. We are concerned that transition services are being designed and delivered by people who may not have lived experience of transition, or adequate access to that expertise.
266. In section 23.3, we consider the value of veteran support services that are located in the community, providing culturally appropriate supports informed by lived experience of military service and transition to civilian life.

Is a referral model adequate?

267. Although all transitioning members are allocated a transition coach, members are not required to engage with their coach or accept any of the services the coach refers them to. Neither are they required to engage with the transition coach at designated follow-up points.
268. Defence described the numerous ‘offers of transition support’ a transitioning member may receive:

When a member considering transition approaches their Chain of Command (COC), they will normally be offered support or alternative options which can be accepted or declined. Similarly, on average a member has five touch points with a transition coach where offers of support can be accepted or declined. A transition coach may refer a member to specialty transition supports through the contracted provider, however these referrals are not always taken up by the member. If a member is being medically transitioned they will also be undertaking rehabilitation consultations and individual welfare boards where transition services will be potentially offered and declined etc.²⁵⁹

269. While the referral model is not inherently problematic, the evidence we have heard suggests that the service offerings are poorly targeted, and departing ADF members – who may be experiencing a deep sense of loss and uncertainty – view them as tokenistic.

270. There appears to be no structured accountability framework for transition coaches. In a public hearing, we heard that a transition coach might file an incomplete transition plan if a member does not respond to every question in the TPQ. In the witness's experience, their coach made no effort to fill in the missing components of the plan when drawing it up, or later.²⁶⁰ In a submission, a member described having to make multiple attempts to establish contact with a transition coach, and later, to access transition support services.²⁶¹
271. Air Commodore Kooij said:
- we do have what we call 'compliance checks' and 'quality assurance checks' on things like plans, on attendance at appointments, on closing records, on an information management system, so we have compliance checks ... to see if there are what we call 'open cases'.²⁶²
272. She confirmed there was no 'systemic audit' of the quality of coaching, but she would expect supervisors of coaches 'to do some checks'.²⁶³
273. All of this is likely to contribute to low service uptake and the member disengaging from their transition coach.
274. The Joint Transition Authority *Evaluation of Transition Across Bases – Final Report* found that there are '17 different ways for a member to decline the offer of transition support'.²⁶⁴ When asked what Defence had done in connection with that finding, Defence suggested that:
- This phrase identified could equally be considered as '17 different ways for a member to receive an offer of transition support'.²⁶⁵
- There will always be a level of duplication to ensure a member has had every chance to consider and accept or decline what is on offer.²⁶⁶
275. This response is disappointing and brings us back to the problem of service duplication, a focus on service systems instead of people, and an inadequate understanding of the cultural factors that shape transition outcomes. Instead of evaluating and adjusting existing programs to better meet member needs, Defence issues yet more offers of transition support in an already complex system. The referral model is highly transactional and not person-centred. It does not support transition coaches to uncover and respond to individual needs, and it does not support the member to understand and navigate the cultural differences between military and civilian life. We explore this culture clash and the challenges it poses for transitioning members in section 23.3.

What contact is there after separation?

276. Defence indicates that a transition coach should have five ‘touch points’ with each member:
- initial contact (25 minutes)
 - planning session (1 hour 45 minutes)
 - midway coaching session (30 minutes)
 - clearance session (30 minutes)
 - post-transition follow-up session (20 minutes).²⁶⁷
277. This is a general guide, and coaches may have more or less engagement with members.²⁶⁸ It is surprising that a coach is expected to spend just 20 minutes supporting a member after separation and difficult to see how this could deliver meaningful engagement. In a response to a notice, Defence characterised this as a ‘30-day phone call check-in post-transition’ and indicated that the Joint Transition Authority is reviewing the timing of this contact on the basis that a check-in six months after separation may be of greater value.²⁶⁹ The Director General of the Joint Transition Authority added that this adjustment is subject to resourcing.²⁷⁰
278. Transition supports are available to members for 24 months after separation. It is unclear why coaching support falls away so early. Several ex-serving members flagged a lack of contact from Defence after separation in the past.²⁷¹ Testimony from recently separated members also indicated they had little interaction with transition coaches after separation.²⁷²
279. In the United States, by contrast, the same transition coach follows up with a transitioning member at 90, 180 and 365 days after separation to see how they are going.²⁷³
280. We support extending the standard touch points for transition coaching to replace the current abrupt cessation of the relationship just when members may be experiencing challenges adjusting and integrating into the civilian community. As with the current touchpoints, the member would not be obliged to engage.
281. This extended relationship will only be of value to members if transition coaching delivers more meaningful engagement. Our recommendations for transition screening that addresses psychosocial readiness as well as cultural adjustment and integration training would support this.

A trauma-informed approach

282. We have reiterated throughout this final report the importance of a trauma-informed approach in service delivery and design to minimise risks associated with veteran suicide. In 'About the Royal Commission' in Volume 1, where we discuss the conduct of our inquiry, we describe how the Royal Commission implemented a trauma-informed approach in our own work.
283. Trauma occurs with exposure to, and in response to, events and experiences that overwhelm ordinary adaptations and coping.²⁷⁴ The impacts of these experiences can cause long-lasting harm to a person's physical and mental health, relationships and sense of meaning in life.
284. As we discuss in sections 23.1 and 23.3, transition can be a highly unsettling time for members. Trauma can affect a member's ability to engage with transition supports, sometimes with long-term implications for transition outcomes. This is especially important to consider in the context of a transition system that relies on members to be open and to self-identify their needs. It is also possible the transition process could aggravate previous trauma. It is therefore important that transition supports are designed and delivered with a trauma-informed approach in mind.
285. Taking a trauma-informed approach is about having systems, policies and practices in place that have regard for the nature of the trauma that those with a lived experience of suicidality have or are experiencing. By understanding how trauma can impact individuals, and by recognising its symptoms and signs, transition supports can address members' needs without introducing additional trauma or re-traumatising the member.²⁷⁵
286. Phoenix Australia argued that the use of a trauma-informed approach by service systems would better meet user needs and manage the risk of suicide:
- A trauma-informed approach seeks to work with the person's strengths and sensitivities and has an orientation towards hope and recovery. It aims to build a client's sense of safety, control and self-efficacy to enable them to better cope with the emotional impact of past traumatic and difficult experiences as well as the challenges of everyday life. This in turn mitigates dynamic risks for suicide arising from stress associated with these processes.²⁷⁶
287. There is no single trauma-informed approach; each organisation's trauma-informed approach should be shaped by the unique needs and experiences of its participants.
288. In the transition service system, this could involve appropriate screening to identify prior trauma a member has experienced in or outside service; processes for escalation in response to identified risk factors; increased qualifications or training for transition support people; and supervision, debrief and care for support people who may experience vicarious trauma.

289. Although not all transitioning members will be impacted by trauma, having a transition coach who is alert to the signs of trauma and can respond in a trauma-informed way could assist those transitioning members who are at higher risk of suicide.
290. It is not possible for transitioning members to receive trauma-informed care within the current checklist approach described in the evidence before this Royal Commission. There is a significant risk that trauma is overlooked or exacerbated by the complex and fragmented transition service system.

23.2.3 Better coordination

291. We heard evidence about the complexity of the transition system and how this may affect outcomes for members. In this section we focus on the need to better integrate service delivery and improve collaboration across Defence and DVA. In Part 6, Transition and support for ex-serving members, we consider in detail the adequacy of supports DVA provides to ex-serving members – that is, after transition is complete.

The transition service system is complex and fragmented

292. The Veteran Transition Strategy refers to a ‘transition ecosystem’ that includes:

veterans and their families, Defence, including the Joint Transition Authority, Department of Veterans’ Affairs, Commonwealth Superannuation Corporation, ex-service organisations, veteran support and community groups including Veterans’ and Families’ Hubs, research and academic bodies, state, territory and other government agencies, and industry and employers.²⁷⁷

293. The strategy recognises that ‘the ecosystem has not always been as well connected as it could be’.²⁷⁸ This does not sufficiently describe the level of complexity, fragmentation and duplication that characterises the system.
294. Within Defence alone, there are at least five entities and six people in different support roles who may be involved in delivering transition services for a single member. This varies depending on the separation type, the complexity of the case and the service in which the member has served.
295. Firstly, commanders have responsibility for the command, management and welfare of Defence members until they separate from service.²⁷⁹
296. In addition to the Joint Transition Authority, each of the three services maintains a specialised unit to support transitioning members before separation. For example, the purpose of the Air Force Member Support Coordination function is to ‘ensure that members’ lawful entitlements are completed prior to separation’.²⁸⁰ Army Transfer and Transition Detachments ‘provid[e] members and their families and their chain of command, the advice and guidance to go through the transition journey’.²⁸¹ Navy Personnel Support Units ‘provide enhanced specialist personnel support to our members who are transitioning, primarily either administratively or for medical reasons’.²⁸² This includes assistance with DVA and Commonwealth Superannuation Corporation claims.²⁸³

297. In the Navy, injured members may be formally posted to a transition support unit once the decision to separate has been made; for some the process of transitioning 'becomes their full-time job'.²⁸⁴ In the Army, the transitioning member remains with their 'parent unit'.²⁸⁵
298. Each service also employs member support coordinators to provide transitioning members with one-on-one assistance in complex cases, particularly medical separations.²⁸⁶
299. Finally, Joint Health Command conducts a Transition Health Assessment and effects a clinical handover from the Defence health system to civilian general practitioners.²⁸⁷
300. Outside Defence, a member may also need to deal with DVA to access statutory compensation and rehabilitation entitlements, and the Commonwealth Superannuation Corporation to access resignation and retirement benefits. DVA employs Veteran Support Officers who are co-located at ADF transition centres to provide support and advice to serving and ex-serving members about DVA benefits and services.²⁸⁸
301. States and territories provide ex-serving members with support related to education, justice, health care and housing, as well as a range of concessions. Ex-service organisations provide additional services to current and ex-serving ADF members and their families. As we discuss in section 23.3, families are also a key support for many transitioning members.
302. This analysis does not consider the other public and private organisations a transitioning member may need to engage with to secure employment, housing, education and other essential elements of civilian life for themselves and their families.
303. The Joint Transition Authority conducted a project to 'map the transition ecosystem' and determined that:
- [t]here are a large number of navigators and case managers within the transition ecosystem offering at times duplicative services, which may result in inefficiency and member confusion.²⁸⁹
304. Defence has taken limited action to address duplication and inconsistency, beyond the establishment of the Joint Transition Authority. The Joint Transition Authority has had some success in creating more consistent administrative processes across the three services and, in some instances, joining up Defence and Commonwealth Superannuation Corporation assessments.²⁹⁰ However, significant gaps and duplication both remain.
305. Transitioning members need to navigate this system themselves. In some circumstances, they do so with the help of an external advocate. For example, Ms Kate-Frances Duffy was assisted by an RSL advocate, who spoke to DVA on her behalf and supported Ms Duffy to apply for rental accommodation by providing evidence of her service when it was difficult to obtain this from Defence.²⁹¹

306. Navigating the system puts additional pressure on members at a time when they may already be vulnerable. The Interim National Commissioner found:

[Ex-serving members can be] overwhelmed by the amount of services out there and the ... lack of coordination between those services ... if somebody is vulnerable, that is actually a time where navigating through all of those services becomes really, really challenging.²⁹²

307. This has a direct impact on outcomes, including low service uptake, poor understanding of available supports, increased anxiety about transition and lack of readiness for civilian life.

The Joint Transition Authority has not yet delivered integrated services

308. The Productivity Commission found in 2019 that '[t]he system is overly complex and difficult to navigate'.²⁹³ It recommended that responsibility for preparing members and assisting them with the transition to civilian life should be centralised under a Joint Transition Authority in Defence.

309. The Australian Government established the Joint Transition Authority in 2020 to:

- better prepare and support ADF personnel and their families as they transition from ADF service to civilian life, irrespective of their length of service
- be responsible for the assurance of transition services across the Defence transition system
- partner with other government agencies delivering transition services to ADF personnel.²⁹⁴

310. In January 2021, the Secretary of Defence and the Chief of the Defence Force acknowledged in a joint directive that 'further improvements are needed to better integrate, synchronise and assure the Defence transition system'.²⁹⁵

311. The Productivity Commission envisaged that the Joint Transition Authority would catalyse the reform of the transition system, improving coordination and giving greater prominence to transition.²⁹⁶ However, it has had limited impact to date. Other actors have continued to operate in silos, leaving transitioning members to coordinate, manage, chase up and in some cases fight for the transition services they need. Service gaps and poor overall service quality have not been addressed.

312. In a risk register prepared in July 2021, the Joint Transition Authority identified two 'high' risks. They are the risk that the Authority:

- (1) is 'reliant on relationships with internal and external stakeholders to deliver on its objectives'
- (2) 'does not effectively monitor, evaluate and assure the Defence transition system'.²⁹⁷

313. Both of these issues continue to undermine the ability of the Joint Transition Authority to reform the transition service system.
314. Ms Linda Bone, Assistant Director of Transition Operations at the Joint Transition Authority acknowledged that ‘the transition process ... is complex, it is siloed’ and ‘we need to do more’.²⁹⁸
315. Transitioning members may find themselves dealing with multiple support people at once, some of whom carry the title of coordinator, but none of whom are actually responsible for coordination across agencies. Transition services continue to operate as silos.
316. Processes for collaboration and information sharing are informal, depend on the practices of the particular support person, and may vary depending on the complexity of the case and whether the member provides consent for their information to be shared. Ms Bone described the Joint Transition Authority’s approach:

The way that I would interact with the three agencies that are here [Navy, Army and Air Force transition support units], when they have members that are sort of transitioning and they may have circumstances – well, most of them we actually interrelate with for most members, but particularly those with RAAF [Royal Australian Air Force] and Navy who may have circumstances that are complex or difficult, we liaise with them really regularly to provide updates on a member’s transition progress, whether it be administrative or personal, and they would do the same if it was appropriate and the member consented.²⁹⁹

317. Squadron Leader Carmel Pako, Officer in Charge for Member Support Coordination for the Air Force, confirmed that there is collaboration, but that it varies significantly depending on whether teams are co-located or not. She told us:

We deal with the individual members within the JTA [Joint Transition Authority], from my staff’s perspective, almost on a daily basis ... [M]y staff level don’t have a great deal of engagement [with Army and Navy] apart from if they are co-located at the same bases they will engage to ensure that there is some consistency in our processes. And I would deal very regularly with Major [Tony] Venables [Operations Officer for the Transfer and Transition Detachments, Army] because we are co-located and do try and ensure consistency of approach.³⁰⁰

318. When asked about the role of Air Force member support officers, she added:

the coordinator from an Air Force perspective will take the lead from an Air Force perspective and coordinate that function for us. It doesn’t mean they always have the lead, so they’ll hand to DMFS [Defence Member and Family Support] and to the JTA [Joint Transition Authority], but we – it is a coordination function. As long as someone is doing the task and leading it, that’s kind of what we want to ensure, that the member has been supported in some way, shape or form.³⁰¹

319. Commander Gary Wight AM RAN, Officer in Charge of the Navy Personnel Support Unit in the Australian Capital Territory, agreed there is 'daily interaction' between this unit and the Joint Transition Authority.³⁰²

320. The evidence from lived experience witnesses suggests that this ad hoc approach does not deliver integrated care. Mr James Kerin, who had recently separated from the Navy, remarked:

the biggest issue with all those organisations and units is they're silos. So even quite often they operate within their remit relatively well, there's a real lack of interoperability between them and it is quite often put onto the member to try and be the conduit. And where I would have felt immense benefit is if there was a higher level of case management to help you – someone else to act as that conduit to, yeah, assist you through a very difficult time.³⁰³

321. Mr Steven Hill, who was about to transition out of the Army when giving evidence, agreed that there is a need for better coordination:

[C]ertainty is what you're after and if you can get a straight answer, that's fantastic, and, you know, you would expect that there was coordination between the different bodies. So certainly if that's not what is occurring, it's what needs to be occurring.³⁰⁴

322. This has a significant impact on transitioning members, who are already facing major upheaval in their lives and may not have the capacity to navigate the competing service options. Ms Bone agreed that transitioning members may struggle with the number of service providers they are expected to engage with:

In my experience, yes, members do become overwhelmed with the amount of people that they need to see during transition.³⁰⁵

323. Members (and perhaps others in the Department of Defence) continue to have a poor understanding of the supports available and how to access them. A Defence evaluation of transition services across bases in 2022 found '[t]he *ADF Transition Manual* remains unknown to the majority of transition stakeholders'.³⁰⁶ Yet Defence considers the *ADF Transition Manual* to be 'the central policy document to guide the management and requirements of transitions' and to 'formalise reform activities in procedure and policy'.³⁰⁷

324. The Joint Transition Authority has expended significant time obtaining data previously held across separate domains and building relationships within Defence.³⁰⁸ It is not clear, however, that action to date has led to an improvement in outcomes that a transitioning member may notice.

325. The tangible outcomes for transitioning members of the various reforms are not currently measured. This lack of evaluation does not appear to have changed since the Productivity Commission commented:

Assessing the effectiveness of supports provided to veterans is difficult. This is because there is almost no data to objectively assess the effectiveness of the supports funded or provided by Defence or DVA.³⁰⁹

326. This lack of data means ‘outcome measures are missing from the picture’.³¹⁰

327. The Joint Transition Authority came to the same conclusion in its 2021 review, *Mapping of the Transition Ecosystem*, which observed ‘[t]here is no consistent, outcomes-based performance monitoring and reporting across the transition ecosystem’.³¹¹ The Joint Transition Authority also found that ‘[p]rogress and the tangible impacts of reform are currently not being measured and it is unclear how recent system changes are having the desired effect on the member experience’.³¹²

328. Professor Rufus Black, who conducted a review of personal and institutional accountability in Defence, made a similar point. He said there is a difference between checking whether a project has been ‘ticked off’ and its milestones completed, and ‘actual ground-truthing’.³¹³ In this way, people with ‘daily operational experience’ of a program are ‘reliable witnesses’ who can help us understand whether change is occurring.³¹⁴

329. The evidence before this Royal Commission suggests the transition service system provides inadequate support to transitioning members. Specifically, the transition service system:

- relies on the member to self-identify transition needs
- does not adequately identify and respond to suicide risks during transition
- is uncoordinated, requiring the member to join up disparate services and manage their own transition
- provides superficial supports, leaving some members unprepared for the cultural and social challenges of transition to civilian life.

Streamlining and co-locating transition supports

330. We considered whether collaboration would be improved if there was one lead support person or advocate who provided one-on-one support to the member and liaised with other service providers on their behalf.

331. Some member and service witnesses supported this idea in principle, as a way of streamlining the experience for transitioning members.³¹⁵

332. Ms Bone noted that transitioning members have different preferences. Some may prefer to deal with a uniformed member and others with a civilian. She suggested that a model based on a lead support person would need to retain an element of choice for the member.³¹⁶

333. Squadron Leader Pako responded:

I would agree with it and I think that's what the model is that we have at the moment. Our members – my Member Support Coordinators are individually selected for the role, competitively selected, psychologically assessed and they undertake a number of courses to train them to bring all of those things together. So I think – and they do hold – from the time [a Military Employment Classification Review Board] decision is made to just post that separation, they are that one conduit for the member.³¹⁷

334. Squadron Leader Pako did not wish to comment on whether Air Force member support coordinators would be able to take on the responsibilities of transition coaches in addition to those of their current role. Major Tony Venables, Operations Officer for the Transfer and Transition Detachments in the Army, considered:

there is too much training to get one person across all those elements and still be available to deal with chains of command, attending welfare boards and not being available to do the coaching piece as well at the same time.³¹⁸

335. Defence may wish to consider whether the number of support people inside the organisation could be rationalised by collapsing some functions. However, it is the duty of Defence to ensure that these roles share information, communicate and collaborate to reduce the administrative burden on the member. The Joint Transition Authority is well placed to lead this work and monitor outcomes.

336. In a submission, Director General of the Joint Transition Authority, Air Commodore Kaarin Kooij CSC, advised that a 'transition operating model' within the Chief of Personnel's organisation is being designed. The model includes:

A triaged process to identify and enable a tiered level of support provided by transition specialists ... [w]here possible, a case allocation and management system that provides a veteran a single transition point of contact, and a level of choice in their primary transition support specialist ([with] some geographic/staffing limitations).³¹⁹

337. This could result in some rationalisation of the number of transition support functions, as well as greater co-location of transition service providers. Defence stated:

There is a reasonable possibility this will have an impact on a number of entities which provide transition services including Military Support Coordinators, Transfer and Transition Detachments, and Personnel Support Units.³²⁰

338. The operating model would also support harmonisation of policies and processes across the three services, as well as three-way communication and information sharing, subject to resolving barriers posed by privacy legislation.³²¹ It could also facilitate better collaboration with external agencies, including DVA and the Commonwealth Superannuation Corporation.
339. Defence reported that the Defence People Committee will be asked to ‘consider the transition support roles the single Services currently exercise in the context of their own Service and culture on balance with consolidation internal to the JTA [Joint Transition Authority]’.³²² We urge Defence to deliver a consistent, if not single, process for transition across the services.
340. In the analysis above, we recommend that Defence expand transition screening to assess the psychosocial factors known to influence transition outcomes. Screening outputs should form the basis of a single shared source of information across Defence transition support services, to enable a consistent, coherent and integrated approach to service delivery.
341. In addition, we strongly support the co-location of transition support services wherever possible. The evidence presented above suggests that co-location, where it exists, does enable a more consistent approach and improved communication, and thus the potential for better case management.
342. Defence suggested that ‘[g]eographic colocation of DVA [veteran support officers] and Transition Support Centres will further assist alignment of supports at a tactical level’.³²³ Currently, veteran support officers are co-located on 54 Defence bases.³²⁴ Air Commodore Kooij highlighted this opportunity:

I am of the view that the colocation of wellbeing services, which includes transition, Commonwealth Superannuation Corporation (CSC), DVA, Chaplaincy and Defence Member and Family Support service on bases will provide a benefit. I believe this will reduce duplication, increase coordination between services, decrease the confusion for ADF members and ultimately improve the experience for transitioning members.³²⁵

Improving collaboration between Defence and DVA

343. The Interim National Commissioner found:

[a] common theme [in her engagement with the veteran community] is the disconnect between Defence and DVA processes, with gaps in support, a lack of coordination, difficulty accessing information and the need for ongoing support following the transition period identified as issues across multiple reports and lived experience.³²⁶

344. She wrote that ‘[r]eports and inquiries commonly cite the need for Defence and DVA to work collaboratively and to ensure that their respective processes are continuous and seamless for ADF members and veterans’.³²⁷

345. Productivity Commissioners Mr Richard Spencer and Mr Robert Fitzgerald AM told us that accountability for the lifetime wellbeing of ex-serving members is lost in the ‘institutional split’ between Defence and DVA.³²⁸ Mr Spencer said:

there are often initiatives to say we will collaborate, we will discuss this, we will have a shared arrangement about how this is going to operate, but ... the fundamental problem with that is, who is accountable?³²⁹

346. Suicide Prevention Australia and Mental Health Australia raised similar concerns about veterans ‘fall[ing] through the cracks’ between Defence and DVA during transition.³³⁰

347. Members highlighted a lack of integrated systems for sharing medical and other service records between Defence and DVA.³³¹ This can delay the resolution of members’ claims for DVA support. Members described being overwhelmed by the task of sourcing and compiling information that they reasonably expected would have been communicated from Defence to DVA as a matter of course. Delays in resolving claims affect the transitioning member’s financial stability, sense of self-worth and ability to undergo rehabilitation in a timely manner.³³²

348. Mr Ben Hofmann, a compensation advocate and ex-serving member, wrote in a statement:

Defence are extremely slow in providing DVA with time-critical paperwork such as records of payslips [required] for incapacity payments. This process can take up to three months ... If I request the documents for a claim, it may take four weeks to get a copy of medical documents from Defence. In my view, this time wastage for incapacity payments and extra time on liability claims [is] unacceptable.³³³

349. Similarly, retired Major General Jeff Sengelman DSC AM CSC said it was ‘bizarre’ that DVA duplicated medical assessments conducted by Defence only months earlier as part of his transition preparation.³³⁴

350. Ms Kylie Reynolds, who was medically separated from the Army after 18 years of service, sought support for ongoing medical and mobility issues. She said she had to prove to DVA that she had indeed served in Defence, as this was not on record. Ms Reynolds found this experience to be demoralising:

My first step was that I had to prove to DVA that I had actually been in the military ... I found it ridiculous that even the fact of my service was something I had to prove. I thought that because I had a Regimental number ... that would have been proof enough. With this number, my entire history could have been accessed by DVA from Defence. Instead, it made me feel like a useless person because I was being questioned if I had served at all.³³⁵

351. Dr Kieran McCarthy, a general practitioner from GO2 Health who works with DVA clients, argued for more streamlined processes to share information between DVA and Defence ‘so that [health care providers] can spend less time chasing things, and spending more time actually looking after patients’.³³⁶

352. A DVA representative confirmed that delegates are encouraged to examine a member's Defence health record for any existing diagnoses. But she agreed it would be helpful if the Defence transition health examination was undertaken by medical officers trained in DVA requirements and produced a report that addressed those factors. She also suggested that Defence could flag potentially compensable injuries in member health records when they occur.³³⁷
353. DVA is trialling a 'transition medical assessment project' under which a clinical team is given access to a member's Defence health and service records for the purpose of assembling evidence to support a claim for compensation before they are medically separated.³³⁸ The pilot is due to finish in December 2024, but it has been shown to benefit members by speeding up initial liability determinations, and DVA wishes to extend the program.³³⁹ The Secretary of DVA indicated that around 30% of DVA claims are made by members who medically separate from the ADF.³⁴⁰ We discuss this more in Chapter 25, Entitlements and claims processing.
354. The lack of shared DVA and Defence responsibility for transitioning members can have significant implications for these members. If a person is unable to work and DVA incapacity payments are still in process, they can feel worthless and be at risk of becoming homeless and losing financial stability.³⁴¹
355. Ms Kylie James is the Director of Veterans Retreat Australia and an ex-serving member. In a statement, she told us that while it is 'the expectation from the ADF that once you discharge, you become DVA's problem', navigating DVA may become especially difficult for ex-serving members who have waited for years to seek help 'either because they don't feel worthy or injured enough, or that they see it as too difficult'.³⁴² In these cases, the lack of information sharing and collaboration between the organisations comes to a head:
- At that point, navigating DVA to access entitlements is so much more difficult, as paperwork is difficult to find, medical documents are scattered, and veterans do not remember dates and times as well as they would have done ... years prior. It all becomes too hard, and then those veterans just disappear.³⁴³
356. We considered current and planned efforts to improve collaboration between Defence and DVA.
357. The relationship between Defence and DVA is governed by a memorandum of understanding (MoU) updated in August 2022.³⁴⁴ The MoU will be reviewed and revised between 2023 and 2024.³⁴⁵ Defence states the review will consider:
- who should be parties to the MoU
 - what joint assurance and governance needs should be addressed in the MoU
 - what insights from the interim report of the Royal Commission into Defence and Veteran Suicide should be considered
 - what are the 'areas of interest' for Defence and DVA
 - what are the purpose, aim and objectives of the MoU

- what ‘duties of confidence’ should be addressed in relation to disclosure and management of health information for ADF members
 - what MoU operating principles should be included, including the aligned Defence and DVA wellbeing factors, and the planned Data Sharing Analytics Solution.³⁴⁶
358. The current MoU reinforces that Defence and DVA are two discrete agencies with separate though related responsibilities. It describes those discrete functions and establishes mechanisms to support communication and collaboration between the two agencies. It focuses on service delivery and describes the handover of responsibility from one agency to the other.³⁴⁷
359. This approach is built around the boundaries of the service delivery system, rather than the needs of the member. Although the MoU refers to ‘enabl[ing] a lifetime of wellbeing’, it does not incorporate a needs-based approach and has led to situations where accountability is unclear and members fall through the cracks.³⁴⁸
360. It does not provide accountability for outcomes, or even service outputs. Instead, under the heading of ‘Transparency and accountability’, the MoU refers to ‘access to material and premises’, ‘privacy’ and ‘protective security’.³⁴⁹
361. Defence acknowledges ‘[t]here are numerous functional areas where the integration and synchronisation of services could be enhanced’.³⁵⁰
362. When Defence sought to provide examples of successful collaboration between Defence, DVA and the Commonwealth Superannuation Corporation, it identified the revision of a form, the publication of some fact sheets and the delivery of the Veteran Transition Strategy.³⁵¹ While potentially useful, none of these actions represent a concrete improvement in the experience of transitioning members.
363. In addition to the MoU, Defence states that consultation with DVA and the Commonwealth Superannuation Corporation is ‘embedded’ via a number of governance groups, including the Defence DVA Executive Committee, Defence DVA Links Steering Committee, Joint Transition Authority Synchronisation Forum and Joint Transition Authority Steering Group.³⁵²
364. To add to the array of groups, a Joint Transition Oversight Panel led by the Chief of Personnel and the Secretary of DVA – and including representatives from the Commonwealth Superannuation Corporation, Services Australia and the Department of Health and Aged Care – was convened in April 2023 to ‘guide the prioritisation of collaborative work on those areas of the transition ecosystem that cause the highest system risk’.³⁵³
365. Ms Alison Frame, Secretary of DVA, testified that the success of the panel could be determined by reflecting on whether the panel ‘made transition easier and [resulted in] less friction points’ for members.³⁵⁴ She suggested that the partnership between the Joint Transition Authority and DVA was ‘working well’ and could be leveraged to contemplate where DVA could provide support or expertise on matters that are ‘not within Defence’s remit’.³⁵⁵

366. DVA recently established a dedicated Transition Branch. According to Ms Frame, this branch is working with experts including ex-serving members to identify additional transition support DVA could provide. She highlighted that ‘meaning and purpose post-service ... could benefit from more focus and more innovative development from government’.³⁵⁶ Defence considers the DVA Transition Branch will also enable better integration across agencies.³⁵⁷
367. There are a number of opportunities for Defence and DVA to improve the way they work together to support better outcomes for members, in addition to reviewing the MoU.
368. DVA is leading work with Defence and the Commonwealth Superannuation Corporation to develop a shared Veteran Transition Strategy Action Plan, which includes measures of effectiveness and performance.³⁵⁸ This plan will be informed by a functional mapping exercise, which Defence anticipates will help identify areas of poor performance and gaps between agencies that could be ‘fused’.³⁵⁹ It is not clear how this exercise will differ from previous mapping projects in 2021 and 2022.
369. The Data Sharing Analytics Solution is a promising initiative to support a shared understanding of risk factors, shared ownership and a shared response to improve outcomes for transitioning members.
370. Defence also aspires to extend assurance activities, which are currently limited to the purview of the Joint Transition Authority, to:
- incorporate a wider transition ecosystem remit, including potential assurance activities which span across the Department of Veterans’ Affairs (DVA) and the Commonwealth Superannuation Corporation (CSC), such as the Veteran Support Officer (VSO) function.³⁶⁰
371. Building on the aligned Defence and DVA wellbeing factors, this could help to define shared objectives for members’ lifetime wellbeing and accountability for outcomes.
372. This alone is not enough. There remains too much scope for Defence and DVA to ‘pass the buck’ between agencies when it comes to identifying and addressing risks to member wellbeing during transition. As retired Major General Sengelman stated:
- we need to be setting up systems or approaches that don’t simply follow the bouncing ball ... We need to look at [transitioning members] as humans first and our starting proposition should be how they feel and what they’re thinking when they leave.³⁶¹
373. To this point, we are concerned that the current governance arrangements continue to facilitate a lack of action on civilian cultural integration. As we discuss in section 23.3, the transition into civilian life can seriously undermine a member’s sense of identity, purpose and social connection. Repeated inquiries and reviews have found that this is a major gap in transition services and recommended Defence take action to better support members. However, Defence has made only token efforts to improve.

Past reviews recommended Defence take more responsibility for wellbeing

374. The call for the Australian Government to take greater responsibility for the wellbeing of transitioning ADF members and to embed a wellbeing approach in transition is a recurring theme in previous inquiries and reviews.³⁶²
375. The Productivity Commission, in its report *A Better Way to Support Veterans*, strongly emphasised the need for a lifetime approach to supporting the wellbeing of members and their families.³⁶³ Such an approach would focus on ‘wellness and ability (not illness and disability) and minimising harm from service’.³⁶⁴ It also recommended new strategies to ensure that ‘systems are in place to identify and support at-risk individuals, and that there [be] an identified focus on the prevention of suicide’.³⁶⁵
376. In recommending the establishment of a Joint Transition Authority, the Productivity Commission specified that the Australian Government should recognise that:
- Defence has primary responsibility for the wellbeing of discharging Australian Defence Force members, and that this responsibility may extend beyond the date of discharge.³⁶⁶
377. In response to the Productivity Commission’s recommendation to focus on lifetime wellbeing, Defence is developing a framework called ‘Protecting Lifetime Wellbeing of ADF Personnel’ and a Defence and DVA Data Sharing and Analytics Solution. Taken together, Defence anticipates these initiatives will provide an understanding of risks to member wellbeing over their lifetime, and inform policy and research.³⁶⁷
378. Similar to the Productivity Commission, the Interim National Commissioner for Defence and Veteran Suicide Prevention stated:
- [T]here is a moral imperative on the Australian Government to ensure that decisive changes are made to the Defence processes – not only to mitigate risks of suicidal behaviours and prevent future harm, but also to support our ADF members to flourish and enjoy fulfilling and productive lives following their military service.³⁶⁸
379. The Interim National Commissioner made specific recommendations to ‘reform and reimagine’ transition.³⁶⁹ We consider the Interim National Commissioner’s recommendation for a comprehensive and compulsory transition program in section 23.3.2.
380. Further to this, in Part 5, Health care for serving and ex-serving members, we address Defence’s responsibility for minimising service-related harm; preventing injury where possible; and implementing and monitoring evidence-based suicide prevention and work, health and safety measures.

Defence's lack of real action on past reports

381. During this Royal Commission, the Chief of the Defence Force, Chief of Army and Minister for Defence all recognised that senior ADF leadership and government are accountable for the welfare and wellbeing of current *and* former serving members.³⁷⁰

382. The Secretary of the Department of Defence, Mr Greg Moriarty AO, was asked what he had done in response to our interim report. Among other things, he said that:

Key Activity 4 [in the *Defence Corporate Plan 2023–27*] was revised to ensure a strengthened focus and assessment of whole-of-life wellbeing rather than a focus on a particular life stage such as transition.³⁷¹

383. He also recognised 'the importance of transition and the ongoing efforts to mature [Defence's] understanding and measurement of wellbeing across an ADF member's life stages'.³⁷²

384. Secretary Moriarty identified barriers to providing support for lifetime wellbeing.

The barriers I am aware of that limit Defence's ability to provide support for the lifetime wellbeing of members are:

- (a) Stigma relating to mental health and wellbeing issues.
- (b) Limitations to the identification of ADF members who need and/or want to continue to receive support as they transition from the ADF.
- (c) Ensuring that ADF members feel empowered to seek help.
- (d) Organisationally, that our data systems are mature enough to conduct relevant analysis, and that we can legally connect the data sources.³⁷³

385. The Secretary did not consider that Defence had the capability to provide evidence-based supports in regards to lifetime wellbeing. He stated that without legislative changes in regards to the *Privacy Act 1988*, there will likely be limits on the 'insights and systemic improvements that can be produced' to improve lifetime wellbeing through Defence's data system, the Data Sharing and Analytics Solution.³⁷⁴ He recognised that Defence needs to undergo 'cultural reforms', but only mentioned this in relation to encouraging members' 'self-agency' in their transition to civilian life. This focus on agency alone misses the need for reform to address the cultural and social challenges transitioning members may face.³⁷⁵ Secretary Moriarty stated:

As we continue to build the evidence base needed to support lifetime wellbeing, I'm aware that we must also ensure our cultural reforms encourage more self-agency to support transition to civilian life.³⁷⁶

386. Despite Defence 'formalising' the recognition that it has primary responsibility for the wellbeing of discharging ADF members – that is, by establishing the Joint Transition Authority – it has failed to make substantive changes to transition supports to promote lifetime wellbeing or to respond to known cultural and social integration risks.³⁷⁷

387. The first step to fixing a problem is to acknowledge that a problem exists. In fact, research into the effectiveness of civilian cultural reintegration supports in a number of comparable jurisdictions confirms that acknowledgement of transition problems at a high level within government is a key success indicator.³⁷⁸
388. Defence has failed to acknowledge explicitly that transitioning members do not have access to cultural and social supports that could facilitate a successful transition into civilian life. In response to the findings of the Productivity Commission and the Interim National Commissioner, Defence has:
- been slow to formalise its accountability for redesigning the transition system so it focuses on the lifetime wellbeing of ADF members³⁷⁹
 - avoided opportunities to focus on lifetime wellbeing before the point of transition
 - made only minor changes to transition guides and seminars, and introduced only optional transition support modules that address wellbeing³⁸⁰
 - failed to rectify gaps with respect to ‘cultural adjustment and deinstitutionalisation’ in the transition services provided.³⁸¹
389. We address the need for improved cultural and social transition supports in section 23.3, and recommend a new program to fill this gap.
390. Given this history, we do not consider it useful to recommend once again that Defence take a more holistic approach to transition supports, especially in relation to the cultural and social challenges of integration into civilian life. This would only perpetuate the current vacuum.

Achieving integration in overseas jurisdictions

391. We considered how other jurisdictions seek to embed shared accountability for member wellbeing during transition and how they attempt to break out of a siloed agency approach.
392. As part of the 2017 *Joint Canadian Armed Forces (CAF) and Veterans Affairs Canada (VAC) Suicide Prevention Strategy*, Canada established a model of inter-agency collaboration during transition. This reflected a broader transformation of the Canadian transition and veteran support system in 2017, characterised by a highly collaborative approach.³⁸²
393. To deliver a shared approach, CAF and VAC created a jointly managed ‘Seamless Transition Task Force’, with dedicated implementation teams, to ensure a coordinated approach and oversight of the key elements of transition from active service.³⁸³ This taskforce develops and leads the introduction of a new veteran-centric transition model with a focus on health and wellbeing.³⁸⁴ It is supported by eight implementation teams to drive key initiatives, including one team focused on case management.³⁸⁵

394. A Canadian Armed Forces Transition Group was established to promote a seamless transition into post-military life, with the aim of reducing stressors on members as they transfer, including suicide prevention factors.³⁸⁶ Particular attention is paid to ill and injured members who may either return to duty or begin separation. VAC staff are embedded in Joint Personnel Support Units within CAF to support a seamless transition.³⁸⁷
395. A literature review commissioned by Defence indicates there is ‘little evidence of siloing, division or contrary objectives in the Canadian model’.³⁸⁸ The report also noted:
- [i]n three years, the joint partnership between the [Canadian Armed Forces] and [Veterans Affairs Canada] in the Canadian Armed Forces Transition Group (CAF-TG) has centralised services, rationalised existing services and entitlements, and has met many major milestones in the redesign of transition services.³⁸⁹
396. The Canadian experience suggests that greater integration can be achieved through a collaborative governance model with pooled resources, co-location, embedded staff and joint implementation teams with a defined remit.
397. Defence and DVA should explore how they could use this model to deliver shared accountability for member wellbeing during transition under a revised MoU. The Productivity Commission’s report envisaged the Joint Transition Authority established in Defence would employ both ADF and DVA staff.³⁹⁰ Although we appreciate that the Joint Transition Authority is currently focused on the challenge of achieving consistent approaches to separation across the three services, it must become more outward-looking over time to achieve a more integrated transition experience for members.
398. In the United States, the Department of Defense and Veterans Affairs Joint Executive Committee defines transition as the period of 365 days both before and after separation.³⁹¹ Transition is regarded as a shared responsibility with distinct responsibilities for the Department of Defense and Department of Veterans Affairs, which work closely with the Department of Labor and other federal organisations, as well as state agencies and non-government organisations, to provide transition support.³⁹²
399. As in Australia, members undergo a self-assessment and receive initial counselling services to develop a transition plan.³⁹³ Members attend a Transition Readiness Seminar, a three- to five-day event consisting of five core curricula, and four two-day workshops.³⁹⁴ The seminar include mandatory content on Veterans Affairs benefits and services.³⁹⁵
400. In addition, the member’s commanding officer conducts a ‘capstone review’ 90 to 120 days before separation to assess the member’s readiness to transition into civilian life. If the commander identifies a member is not ready to transition or requires ongoing assistance, they will facilitate a ‘warm handover’ to an interagency partner, such as the Department of Veterans Affairs or the Department of Labor, before formal

separation.³⁹⁶ Within the Department of Veterans Affairs, this warm handover support role may be played by capstone liaisons or specialist support people, such as Veterans Affairs Homeless Coordinators who can assist with housing, employment opportunities, health care and other matters.³⁹⁷

401. A warm handover must involve a 'person-to-person connection' with a representative of the partner agency. The agency must acknowledge that the member requires assistance and that the agency is willing to provide this support.³⁹⁸
402. This model has a number of advantages. It emphasises the commanding officer's responsibility for the wellbeing of the member right up to separation, it reduces the chance of vulnerable individuals falling through the gaps between agencies and it takes a risk-based approach to focus intervention where it is most needed.
403. The Chief of Personnel, Lieutenant General Natasha Fox AO CSC, agreed a capstone review is 'a good idea' and flagged that the Army trialled a 'transition-ready assessment' that 'works really well when people are transitioning from formal structures' but might also be adopted by the Joint Transition Authority.³⁹⁹ The Chief of Army, Lieutenant General Simon Stuart AO DSC emphasised the importance of communication to support member wellbeing, especially at transition. He said transition supports should be 'soldier-centric' and characterised by transparent communication, preferably face to face.⁴⁰⁰
404. Under the Solid Start program in the United States, the Department of Veterans Affairs contacts ex-serving members 90, 180 and 365 days after transition.⁴⁰¹ At each stage, the department provides the veteran with information on benefits, personalised guidance and referral to specific services if indicated, such as the Veterans Crisis Line for those at risk of self-harm.⁴⁰²
405. A data sharing agreement with the Department of Defense provides the Department of Veterans Affairs with weekly lists of transitioning service members and their contact information.⁴⁰³ If a member is flagged as being at risk of self-harm prior to separation, the Department of Veterans Affairs reaches out to the member within three weeks of separation.⁴⁰⁴
406. Making regular contact in the first year of transition can establish a relationship between ex-serving members and the agency that facilitates support during the long transition journey. This is quite different to the situation in Australia, where Defence transition coaches contact ex-serving members only once after separation.
407. We acknowledge that DVA Veteran Support Officers are co-located on many ADF bases to support early engagement and help transitioning members 'get paperwork in order'.⁴⁰⁵ Defence notifies DVA about all members separating from the ADF and DVA sends members a letter at both recruitment and separation to introduce them to or remind them of DVA services.⁴⁰⁶ However, the Secretary of DVA confirmed that DVA does not reach out to transitioning members and all contact must be 'instigated by the veteran directly'.⁴⁰⁷

408. The Secretary agreed that a more proactive approach to outreach could ‘assist veterans and reduce suicide’ through greater awareness of DVA supports and by ‘foster[ing] a sense of belonging and being respected’.⁴⁰⁸ This may especially be the case for ex-serving members whose ‘claims emanate later in life and are not known at the time of transition’, and who may not know they can receive support from DVA.⁴⁰⁹ The Secretary suggested DVA could make more personalised contact in concert with ex-service organisations, and noted that members would need to give consent to their contact details being used for this purpose.⁴¹⁰

23.2.4 Conclusion

409. The journey of transition into civilian life can be long and complex. Yet current supports offered by Defence focus on the administrative process of separation from the ADF. DVA, in turn, concentrates on its statutory claims and compensation functions. Across the two agencies, there is limited outreach to veterans in the 12 months after separation, when veterans lose connection with their ADF community and are adapting to a very different civilian way of life.
410. Recent reforms, especially the creation of the Joint Transition Authority, aim to build a more consistent approach to separation across the three services. Although this is useful, it does not address the more fundamental shortcomings of the current model. Neither Defence nor DVA have stepped up to address the challenges of cultural integration, social connection, and connecting members with ex-service organisations and supports provided by the states and territories. In section 23.3, we discuss the need to fill this gap and recommend a new program to equip transitioning members with the skills that will help them adjust and integrate into civilian culture.
411. Existing accountability frameworks are inadequate to hold Defence accountable for its lack of action on the cultural and social challenges of transition. It is arguable that Defence does not have sufficient capability to deliver on this responsibility, which requires insights that can only come from lived experience of transition into civilian life.
412. In Chapter 24, Empowering veterans to thrive, we recommend creating a new executive agency within DVA focused on engaging with members and driving member wellbeing outside the claims and compensation framework. This is an opportunity to reinvigorate transition support.
413. We recommend that the new agency take lead responsibility for supporting members throughout their transition into civilian life.
414. It is critical that Defence and DVA supports are closely integrated, to eliminate the current gap between agencies. DVA should establish a meaningful relationship with members as soon as they begin a pathway towards transition. This must go well beyond the information service currently provided by Veteran Support Officers on ADF bases. This relationship should endure beyond separation to include regular proactive contact with a member in the 12 months after they leave the ADF, to better understand the member’s experience of transition, how they are adjusting to civilian life and whether they need support. A key function will be to connect members with the

range of supports delivered by Australian Government agencies, states, territories and ex-service organisations. The way DVA reaches out to and engages with veterans must be informed by people with lived experience of transition.

415. To ensure a joined-up approach, a transition readiness review, similar to the capstone review in the United States, should be held before the member's separation. This review should involve the member, their commanding officer and a DVA support person.
416. Transition screening should be led by DVA and expanded to address the underlying psychosocial factors known to contribute to a successful transition. With the consent of the member, transition screening results should be shared with their commanding officer to ensure the member is fully supported by both Defence and DVA in the lead-up to separation, and to make sure any identified risks are addressed.
417. Responsibility for delivering the new civilian cultural adjustment program we recommend in section 23.3 would also sit with DVA.
418. To fulfil this role, the new agency within DVA will need to have a culture focused on client service, proactive engagement with ex-serving members, trauma-informed communication, effective communication channels, access to data and information, and feedback loops to Defence and DVA. Establishing a new agency would provide a new public-facing brand for DVA, help overcome the current trust deficit and make it clear that veterans do not need to lodge a claim to receive support.
419. DVA should design the functions and work program for the new agency together with ex-serving members; actively recruit ex-serving members; and hold the new agency accountable for delivering genuine change, using customer-focused key performance indicators and transparent evaluation.
420. We do not propose any diminution in Defence's accountability for the wellbeing of its members during and beyond service. Under this model, Defence would continue to be responsible for supporting members as they separate from the ADF. We wish to emphasise the importance of a separation process that acknowledges and values the service and sacrifice given by members, as well as recognising their skills, experience and qualifications in a way that translates into civilian employment.
421. Together, these measures will drive more integrated, person-centred transition support.

Recommendation 80: The Department of Veterans' Affairs to take responsibility for supporting members to transition out of the Australian Defence Force

Defence should continue to be responsible for supporting members to prepare for and complete separation from the Australian Defence Force (ADF). The new executive agency to be established in the Department of Veterans' Affairs (DVA) (Recommendation 87) should take responsibility for supporting members to transition into civilian life.

Through the new agency, DVA should:

- (a) establish a meaningful relationship with serving members as soon as they begin a pathway towards transition
- (b) conduct a transition readiness review prior to separation, which includes the member, their commanding officer and DVA support person
- (c) lead transition screening and expand it to assess members' psychosocial readiness for transition, including purpose and connection, help-seeking, beliefs about civilians, and regimentation and adaptability
- (d) with the consent of the member, share transition screening results (wholly or partially) with the member's commanding officer and key transition support people within Defence and DVA (with Defence and DVA implementing a proactive process to obtain members' consent to share this information)
- (e) proactively reach out to ex-serving members in the 12 months after they leave the ADF to understand their experience of transition, how they are adjusting to civilian life, and connect them with supports delivered by Australian Government agencies, states and territories, and ex-service organisations.

23.3 Supporting members to integrate into civilian life

422. In section 23.2, we argue that DVA should take greater responsibility for supporting members in their transition into civilian life, especially in relation to the cultural and social challenges of this journey. In this section, we describe why this is important and consider what further action might be required to fill this service gap.

423. There is a clear need for transitioning members to access support so they can build or rebuild their identity as a civilian, find their purpose beyond military service, and connect to friends, family and community after service. This includes access to meaningful peer support.

424. We explore how these challenges can affect a member's wellbeing as they take steps to integrate into a new community. Research indicates that:

[t]he transition from military-to-civilian life is associated with challenges including identity and employment, establishing meaning and purpose, family and personal relationships, and financial hardship. [These challenges] can lead to harmful behaviours, including suicide.⁴¹¹

425. Ex-serving members told us that cultural and social challenges can make it difficult to integrate into civilian life. This echoes the experiences reported by previous inquiries and research studies.

426. This section will assess what Defence has done to date in response to the known challenges of cultural integration during transition. It will demonstrate that cultural integration support remains inadequate to meet the cultural and social barriers ex-serving members may face. Defence has not taken robust steps 'to better understand transition from the perceptions of those who have experienced the process'.⁴¹² Instead, Defence has maintained a focus on administration, and employment and career supports.

427. We outline a number of case studies to provide examples of effective or promising transition programs that offer culturally appropriate and holistic responses to the integration and adjustment challenges of transition.

428. We recommend that DVA take further action to better equip transitioning members with the tools and information they need to successfully adjust and integrate into civilian culture. This will place DVA in a stronger position to discharge its responsibility for transitioning members' lifetime wellbeing.

429. We also consider how DVA can access the cultural capabilities required to deliver meaningful and effective adjustment and integration supports.

23.3.1 The struggle to adjust can increase suicide risk

430. The literature tells us that integration to civilian life involves a complex and challenging psychological adjustment, including a loss of familiar military culture, purpose, identity and community.⁴¹³

431. We acknowledge that most people transition out of the military reasonably well. But we have heard evidence from ex-serving members in hearings and submissions, and identified evidence in literature and past inquiries, that leaving the ADF can result in:

- challenges adjusting psychologically and culturally
- loss of purpose
- an identity shift
- grief and loss

- feelings of abandonment
- relationship stresses
- homelessness
- intense feelings of loneliness and isolation.⁴¹⁴

432. Recently transitioned members gave evidence about the loss of identity and purpose they experienced upon transition out of the ADF. For example, after she was medically discharged from the Navy, Ms Kate-Frances Duffy told the Royal Commission: 'I was mourning, if you will, 10 years of my life that I thoroughly enjoyed and ... [I] was really struggling'.⁴¹⁵ She went on, saying 'I lost everything that I had worked really hard for' and emphasised 'the common saying ... the Navy was my gravy'.⁴¹⁶

433. A systematic review of published and peer-reviewed research into psychological adjustment following discharge from military service revealed:

extensive and multiple losses. This unifying theme of loss emerged in three central interrelated domains: culture and community, identity, and purpose.⁴¹⁷

434. Mr Mark Schröffle, an ex-serving member and PhD candidate, conducted research into the 'idea of identity congruence' and the 'huge social influence' of military culture from a social and sociology perspective.⁴¹⁸

435. Recognising the impact of service on identity, Mr Schröffle assists ex-serving members to develop 'journey maps' that result in a program and a plan in their own mind 'that reconciles the past and the present'.⁴¹⁹ In one example from his research, a veteran who had been medically separated for PTSD lamented 'I've still got my gear packed, I'm ready to go just in case they need me'.⁴²⁰ Mr Schröffle described how difficult it was to reconcile this mindset with civilian life:

So, you're going from this high excitement, dangerous adrenaline producing activity, and feeling it was something very important, to going back into a civilian job, you know, in an office somewhere.⁴²¹

436. Evidence from a mentor and facilitator at Trojan's Trek, Mr Lee Bailey, pointed to the confusion and isolation that can accompany separation from the ADF, which make it difficult to create a sense of self and purpose outside the ADF. His own experiences led to feelings of suicidality:

I was confused when I discharged. I knew why I had joined the Army, I knew what the Army was like, I knew why I volunteered to go overseas, and I knew what I did there and I knew why the nation sent us there. When I discharged and was feeling terrible about who I was and how I felt, it was confusing. I couldn't understand my place in things ... So I was angry and confused about a lot of the things that had happened overseas and a lot of the things I'd seen and couldn't understand. And when you lack context for your life, what framework are you going to build on.⁴²²

Soldier or not, sailor, airman, airwoman or not, it has a huge effect on a human. Our basic needs are food, shelter, water and company and when you don't have company, or it is company that can't understand you, I think that isolation is quite powerful. It can create quite a despondency.⁴²³

Culture shock

437. When a person chooses to join the military, they undergo a transition from their previous self to 'a member of a collective military body'.⁴²⁴ We discuss ADF culture and how it is enacted in Chapter 7, Culture and leadership.

438. There is a divide between civilian and military culture, cemented through intense *ab initio* ('from the beginning') training when a recruit joins the ADF. During service, values and behaviours prioritised by military culture may be 'hardwired' into members through changes in the brain. This may include changes in mood regulation, sense of agency and appraisal of threat.⁴²⁵ In its philosophical doctrine on military character, Defence states that '[c]haracter evolves through the different ages and stages of your lifetime and can be developed through deliberate, intentional and habitual practice over time'.⁴²⁶ The ADF considers it important to develop the character of its members because their profession involves the application of lethal force:

Your character will influence how you function as an individual in relation to others, the social systems in which you operate, and the context or environment. The ADF deliberately emphasises the moral aspect of character, or moral character, in supporting the development of social mastery and practical wisdom. This enables the development of good moral sense in doing the right thing.⁴²⁷

439. 'Military culture' has been described in the literature as a 'collectivist social institution that emphasises hierarchy, structure, conformity and camaraderie'.⁴²⁸ It revolves around 'military norms' and the concept of 'military identity', described in research commissioned by Defence:

Military norms encompass the spectrum of beliefs, values, traditions, behaviors, and events directly related to military service and life ... Because norms are specific to a cultural group, new members undergo an indoctrination process that realigns their values, beliefs, behaviors, and language to the standards set forth by the group.⁴²⁹

Military identity – The military is often described as a 'warrior culture', whereby service members are in a constant physical and psychological state of 'combat readiness'. Unlike most civilian jobs, military service is a 24-hour, 7-day occupation ... given a person's multiple identities (e.g. gender, race) the military identity can become the most salient.⁴³⁰

440. However, military culture can also devalue civilian culture and elevate itself using a social mechanism referred to as 'exceptionalism'. Commissioned research undertaken by Professor Ben Wadham and others from Flinders University maps service and transition against self-harm and suicidality. It describes 'exceptionalism' as:

the idea that military culture is superior to civilian culture, and that executive government is a rival not a master. Exceptionalism lends itself to malfeasance, malversation, codes of silence, in house management of challenging issues, and defensiveness against outside scrutiny.⁴³¹

441. ADF members are typically immersed in military culture throughout their service. It shapes them and may lead to expectations and frustrations when that member transitions:

[T]his is why we talk about the cultural context for everything within service but also cultural conditioning because when you've been in that culture your behaviour and your attitudes, your beliefs, your values are very much shaped by the people that you are with and you interact with.⁴³²

[B]eing shaped by the values of the people that you are with means that you expect those sorts of things from other people. And so what happens when you leave service is that you then get insulted and angry by other people's behaviour because you don't think it is appropriate, but that is based on you and your experiences, not on them and what they see as appropriate because of their culture.⁴³³

442. Some members may experience conflict during service between military culture and civilian values and responsibilities. While military culture is essential for building capability within the ADF at the collective level, it can become unhelpful for members at an individual level, especially upon transition.

443. Military identity and the need to persistently contribute to ADF capability through service – even in the face of back-to-back deployments, physical and/or mental exhaustion or burnout – has been found to contribute to voluntary separations.⁴³⁴ One group of researchers wrote:

Staying in the ADF would lead to diminishing the capability, letting peers down, and continuing their family's second-class prioritisation. When a participant had come to these conclusions, they reported the need to quickly voluntarily separate to avoid 'poisoning' their peers, or experiencing their peers' disappointment in their decision to separate. An unplanned hasty voluntary separation was also perceived to decrease the negative impact on the ADF's capabilities, to stop their family's sacrifice, and/or end their physical and mental health issues. It also resulted in the least amount of time to feel guilt over leaving peers and ADF capability.⁴³⁵

444. ADF culture, by necessity, prioritises military capability but can create a personal–professional conflict. Although making a personal commitment to military capability 'advanced [members'] military careers and enabled strong military bonds', veterans report that it also necessitates the 'suppressing [of] personal and family interests'.⁴³⁶ This suppression can be complicated by becoming a parent, which can tip the scale in favour of separation.⁴³⁷

445. For others, the conflict between military and civilian culture will not become apparent until they are transitioning out of the ADF.

446. Researchers suggest that civilian culture is more individualistic, diverse and ‘shifting’ than military culture:

Where militaries are hierarchical, an individual’s place in civilian society is not denoted by rank slides or chevrons. Where militaries have rigid norms about behaviour, expectations and behaviours, civilian societies – especially developed democracies – have substantial diversity in these norms, almost entirely based on context. Where military identity is formed by training, re-enforced by the institution and often the key identity ... civilian identity is shifting, far more individualistic, and far less defined against the collective society that they inhabit.⁴³⁸

447. Every ADF member who undergoes the cultural shift necessary to pass training and be formally recruited into the military must (unless they die while serving) transition out of service and its associated culture, and return to civilian life.

448. Cultural integration challenges are unique to each individual, but tend to be more complicated for those who leave involuntarily for medical or disciplinary reasons. As we discussed in section 23.2.1, this may also include any members who leave with significant regret and resentment. Their departure can be unexpected, with little notice or time to prepare. Research reports that ex-serving members found involuntary separation to be ‘unexpected and unanticipated’ and ‘accompanied with a sense of shock’.⁴³⁹

449. Bridging the cultural divide between service life and civilian life is necessary for everyone transitioning out of the ADF. But for those who enlist in their early adulthood and serve in high-tempo roles, including combat roles, transition can be complicated by their strong military identity and the fact that they haven’t lived independently as adults in the community. As one researcher put it:

Their ongoing transition was related to the need to develop an individual civilian identity for civil society, challenged by the development of a collective identity as a member of the Australian Defence Force.⁴⁴⁰

450. Although some members may be reintegrating into a community they know, others may feel like they are integrating for the first time, or ‘training’ for a new role.⁴⁴¹ This is not simply an abstract idea. It can represent a real conflict of values, language and behaviour that can, if poorly managed, lead to relationship breakdown, the inability to keep a job or housing, or harmful behaviour such as drug and alcohol abuse.

451. For this reason, we prefer to talk about integrating or adjusting to civilian life, rather than assuming transition is a return to something familiar. However, some of the sources we quote still refer to ‘reintegration’.

452. The psychosocial issues members face at transition include challenges to mindset, identity and purpose; lack of social connection; and feelings of isolation and loneliness. These experiences expose ex-serving members to higher levels of risk. They may be reinforced by changes to the brain that make it hard for ex-serving members to leave military culture behind. This can be associated with mental health conditions, such as PTSD, which is associated with a range of symptoms including ‘cognitive and behavioural and emotional changes’.⁴⁴²

Values, identity and moral injury

453. The experience of service, including traumatic incidents that a member witnesses or is involved in, may impact their values and identity. This may result in ‘moral distress’ that leads to what researchers call ‘moral injury’ or ‘moral trauma’. We discuss this in depth in Part 5, Health care for serving and ex-serving members.
454. The then Chief of the Defence Force, General Angus Campbell AO DSC, stated ‘I completely support the concept of moral injury’ and acknowledged ‘we will have people who both are serving or people who have served with moral injury’.⁴⁴³
455. It is important to consider moral injury in the context of transition. We heard evidence that moral injury ‘peaks after being discharged from the military’, so ‘[t]he critical point is the process of transition’.⁴⁴⁴ In a joint submission, Suicide Prevention Australia and Mental Health Australia suggested that poor support during transition could contribute to an experience of ‘moral violation’:

It could also come from a sense of betrayal when commanding officers, the Defence institution, or Australian society in general had betrayed their moral obligation to veterans – by not acting in their best interests despite the significant sacrifices the veterans made or were prepared to make.⁴⁴⁵

456. The research base on ‘moral injury’ in the case of ex-serving members is evolving quickly.⁴⁴⁶ Dr Nikki Jamieson is an expert on moral trauma and suicide prevention for veterans, and mother of Private Daniel Garforth, who died by suicide while serving in the Army. She conceptualises ‘moral trauma’ in a holistic way as:

The existential, psychological, emotional and or spiritual trauma arising from a conflict, violation or betrayal, either by omission or commission, of or within one’s own moral beliefs or code(s).⁴⁴⁷

457. Dr Jamieson differentiates it from the ‘fear-based responses’ that characterise PTSD, saying:

it’s about our perception and feeling of ourselves and what that means to us and our identity and who we are. It’s about not feeling like we are a good person any more, it’s like feeling that we haven’t done the right thing and we haven’t corrected – we have done things that just do not sit well [with] us morally, and we often see moral injuries manifesting years later, similar to PTSD, which again makes it very complex clinically to try to tease the two apart.⁴⁴⁸

458. Mr William Nash, a key theorist on moral injury and trauma, describes moral injury as a ‘significant identity wound’.⁴⁴⁹ Padre Gary Stone, a veteran with 22 years of service, an ordained Army chaplain and a father of two servicemen, suggested:

the higher suicidal ideation rates of veterans are predominantly a result of unresolved moral trauma, involving hopelessness, shame, guilt, loss of identity and purpose.⁴⁵⁰

459. Padre Stone considered how to improve outcomes for ex-serving members experiencing this kind of moral injury, and suggested that ‘medicating, isolating, compensating hasn’t worked. Prevention and early intervention will’.⁴⁵¹

460. We heard about the benefits of holistic wellness programs for ex-serving members who present with symptoms of moral injury. One such example is peer-to-peer wellbeing program Timor Awakening, which founder Mr Michael Stone described as:

shifting the current treating sickness model to a funded post-traumatic growth promoting wellness model ... A holistic rehabilitation program such as Timor Awakening is based on a paradigm of wellness and growth, of potential and empowerment, and facilitates healing and recovering, while restoring, reshaping and developing an individual’s sense of identity, purpose, values, responsibility and accountability.⁴⁵²

461. According to Mr Stone, Timor Awakening wants to be part of the solution to veteran suicide. It has collated evidence:

demonstrating that holistic health education and meaningful engagement delivered by lived experience peers saves lives. It has saved lives and turned damaged lives into purposeful and dignified lives.⁴⁵³

462. An understanding of moral injury also informs the Australian Government’s new Veteran’s Chaplaincy Pilot Program, announced in mid-2023. With an initial \$1.9 million in funding, the pilot program extended the ADF chaplaincy program to at-risk transitioning personnel and their families in Western Australia in the first instance, and to those in Queensland later in 2023. The 2024–25 Budget announced the Veterans’ Chaplaincy Pilot Program would be extended for a further year to 30 June 2026, at a cost of \$1 million to be met from within DVA’s existing budget.⁴⁵⁴ The pilot is delivered to veterans and families in Brisbane, Townsville and Perth.⁴⁵⁵

463. Chaplain John Crosby is the first chaplain appointed to the Veterans’ Chaplaincy Pilot Program. He has extensive training and experience in suicide prevention and mental health care, and is described as:

a leader in the developing field of Moral Injury, with training in Pastoral Narrative Disclosure (PND) and Moral Injury Skills training (MIST), he has developed his own training packages and was awarded a Conspicuous Service Medal for his moral repair work within the ADF.⁴⁵⁶

Integrating into civilian community and culture

464. The academic literature explores how we can support transitioning members to achieve an effective ‘civilian cultural reintegration’. Given the complex norms associated with military culture, transition involves significant cultural and social adjustments. These can negatively affect the wellbeing of the transitioning member. As one study put it, ‘[i]n a military context, the term “reintegration” refers to the dynamic process and outcome of resuming a civilian “role” following completion of military service’.⁴⁵⁷
465. ‘Reintegration’ may be unrealistic for those who joined the ADF at an early age. One ex-serving member told researchers that ‘reintegration is taking you back into something you already had ... I never knew who I was before I joined the military’.⁴⁵⁸
466. The literature shows that integrating into civilian culture can be a significant challenge for many transitioning members. As one study found, ‘many and by some accounts most veterans experience high levels of stress during the transition to civilian life’.⁴⁵⁹ It estimated that between ‘44% to 77% of ex-serving members experience high levels of stress’ during the transition to civilian life.⁴⁶⁰ This is considerably higher than the proportion of ex-serving members who experience PTSD, which studies consistently find to be below 10%.⁴⁶¹
467. For those who struggle with transition, these experiences are hard to reconcile. One ex-serving member recounted that he found little to no ‘meaningful decompression activities or reintegration activities’ in the supports offered by Defence.⁴⁶²

Emotional regulation and dysregulation

468. Dr Jonathan Lane is a veteran, a consultant psychiatrist for Military and Emergency Services Health Australia, and Senior Lecturer in Psychiatry at the University of Tasmania. He gave evidence based on his experience of service and transition, and his role in supporting ex-serving members to develop emotional regulation and renewed identity and purpose. Dr Lane explained how the military contributes to problems of emotional dysregulation, and the development of problematic anger.
469. Dr Lane described the importance of emotional regulation in social function:
- [W]hen you think about the nature of emotions and emotional regulation, they are fundamental to being able to function in society and they were fundamental to that person being able to operate well in the military or as a first responder, or whatever else, and to a very high standard.⁴⁶³
470. He explained that one of the most striking things about treating ex-serving members who have experienced service-related trauma is their lack of emotional regulation and the presence of distressing emotions like anger, shame, guilt and frustration.⁴⁶⁴

471. The cultural context for emotional regulation in ADF members is established in basic military training. Dr Lane said:

You are put under physical, mental and emotional pressure with significant time constraints and people yelling at you and lots of things designed to knock you down, basically, and then build you up in a way that's more desirable for that organisation.⁴⁶⁵

So a big part of military training is ... learning to tolerate distress but then, secondly, managing and tolerating that stress and distress by putting it in a box, by learning to ignore emotions because they just get in the way of doing the job.⁴⁶⁶

In terms of the cultural context and frame for that, it's really important to recognise that the better you can squash distressing emotions, the better you can do your job. If you're anxious or scared or afraid, you ignore that and you just jump off – jump out of that aeroplane.⁴⁶⁷

472. While these behaviours may be useful or even protective during service, they make it hard for a member to transition successfully into civilian life.

473. When a person can no longer suppress or keep their emotions 'in the box', their performance suffers and their mental health declines to the point where they can no longer function normally in society.⁴⁶⁸ This can be confusing and distressing to those around them. Dr Lane added:

if you don't have distress tolerance and emotional regulation skills, then you can't keep effective partners, you certainly can't keep a job, you are always getting into conflict and so you are always magnifying the negative emotions that you're trying to avoid at the same time.⁴⁶⁹

474. A submission from an ex-serving member explained feeling 'extremely withdrawn and cold, emotion came across as either distant or extremely aggressive. I pushed away people closest to me, ultimately meaning a 2-year relationship was in ruin'.⁴⁷⁰

475. Dr Lane explained how his work and that of Professor David Forbes aimed to improve ex-serving members' self-confidence by helping them develop skills in identifying an emotion, labelling it, and 'being able to manage it in an effective and adaptive way'.⁴⁷¹

476. Poor emotion regulation can relate to harmful behaviour and feelings of despair and suicidality. Dr Lane described how anger can lead to impulsive or disinhibited behaviour:

the impulsivity means that 'That's a good idea, I'm going to do this', or, 'I just jump in and don't think about the consequences if I do that', that's the disinhibition part ... And that, unfortunately, often leads people into then getting into further trouble, and so drinking too much ... episodes of road rage, then coming into contact with the police ... But that leads to then a pattern of anger and shame ... and the constantly undermining of self-worth.

Unfortunately, the more you then double down and beat up on yourself, the bigger those swings get. And eventually that has to lead to things like depression and certainly despair. And then suicide becomes a logical and rational consequence of that, doesn't it, because if you weren't there, lots of other people would be a lot better off, and you wouldn't have to deal with these things as well.⁴⁷²

477. Dr Lane evaluated the Skills Training in Affective Interpersonal Relationships (STAIR) program in the United States, which highlighted the need to address culturally undesirable feelings such as shame following a loss of identity:

[R]ecognising and dealing with this emotion then becomes very important, doesn't it, because if we've had that really strong pride in ourselves because of the way we could work and we could do our jobs, that was also the way that we dealt with distress and tolerated aversive emotions in the first place.⁴⁷³

478. Dr Lane also developed the Group Emotional and Relationship Skills (GEARS) program. GEARS provides emotional and social support facilitated by peers and those with lived experience, to help ex-serving members develop a sense of purpose and control.⁴⁷⁴ We describe GEARS in greater detail as a case study below.

479. Professor David Forbes, a former director at Phoenix Australia, gave evidence about his research into the treatment of PTSD and the prevalence of 'very distressing and very disruptive' anger.⁴⁷⁵ He suggested that 'whilst we talk and write and treat a lot in relation to issues of depression, anxiety, PTSD [and] substance-use problems, problematic anger has really been largely neglected'.⁴⁷⁶

480. Professor Forbes said multiple studies have identified problematic anger as an issue during transition, and established its effects on 'the social determinants of health'.⁴⁷⁷ This includes impacts on suicidality, mental health, family dysfunction, homelessness, economic problems and difficulties maintaining employment.⁴⁷⁸

481. Phoenix Australia's Transition and Wellbeing Research Programme considered rates of problematic anger among Australian serving and ex-serving members.⁴⁷⁹ It identified:

rates of [about] 15 per cent of problematic anger for those currently serving and about 30 per cent for those who discharge from service in the previous ... five years.⁴⁸⁰

482. Similar studies in the United States linked the experience of problematic anger with people's capacity for long-term adjustment following the military-to-civilian transition.⁴⁸¹

483. These findings make it clear that transition supports should proactively equip transitioning members with the skills they need to identify and manage anger and other negative emotions. Their emotional responses are not personal quirks or failings, but rather a product of military culture. Proactive support is critical to help members leave behind emotional responses that are no longer useful or appropriate once they enter civilian life, and to help them build or maintain protective factors like social connection.

484. Part 5, Health care for serving and ex-serving members, also considers problematic anger as an experience that can exacerbate mental disorder or distress, and suicide and suicidality in serving and ex-serving members.

Social isolation

485. The unique nature of military life and its collectivist culture, when functioning well, leads to social connectedness, a sense of belonging, a collective identity and purpose, and respect and recognition in the shared pursuit of national security.
486. For this reason, it is all the more important that ADF take care and responsibility for people transitioning. When poorly managed, transitioning members report feeling discarded, isolated, lonely and abandoned by their military 'family'. They can struggle to re-identify as an individual and form lasting social connections within their new community. They may find reconnecting with family gives rise to new stresses as the member and their family members adjust to life after service.
487. Members have described feeling part of an exclusive family characterised by loyalty, respect and kinship. But that strong feeling of identity and connection can result in a more acute impact on those that are removed from it. A woman described the impact on her husband as a result of his unexpected and involuntary discharge from the Air Force:

When [he] was medically discharged in 2014, it felt like an Olympic athlete getting a career ending injury. [He] had never wanted to do anything else, and he had no equivalent role in civilian life. It was so difficult to see him be discharged from the RAAF [Royal Australian Air Force], especially when he was still achieving so much. The RAAF had been his whole life, with the stroke of a pen, he lost his whole identity.⁴⁸²

488. We have received many submissions from ex-serving members reflecting on the loneliness of transition, their loss of identity and purpose, and the pressure of adjusting to a new life outside the ADF.⁴⁸³ Retired Major General Jeff Sengelman reflected that there is no process that can stop the 'sadness' of 'leaving a family, an entity that you love'.⁴⁸⁴ This can be greatly exacerbated if separating members do not feel respected and recognised for their service. In a submission, one ex-serving member wrote:

I was exhausted. My service, my sacrifice was not recognised with the respect that it deserved. The organisation that I sacrificed my entire being for, released its true identity as an organisation that did not care, that did not value my contribution. Other nations celebrate service. We do not.⁴⁸⁵

489. Research suggests that some members who voluntarily separate from the ADF feel 'they had no choice but to leave the ADF', or felt 'forced out' after reaching a 'breaking point'.⁴⁸⁶ Consequently, their transition began 'with a sense of grief' and feelings similar to 'a relationship break-up, or heartbreak'.⁴⁸⁷

490. Involuntary separation as the result of disciplinary action or because retaining the member was deemed 'not-in-service-interest' can be especially difficult. It can be accompanied by stigma, resulting in the military family disowning the member, and the permanent loss of military peers who are concerned about the consequences of contacting them.⁴⁸⁸
491. Ex-serving members who involuntarily separate can experience 'an immediately diminished peer network' leaving them feeling 'lost' and 'isolated from family, friends, and military peers'.⁴⁸⁹
492. This was confirmed by Professor Forbes, who gave evidence that 'people have a strong identity as being part of the Defence Force, and then almost feel abandoned after that coming out'.⁴⁹⁰ He said transitioning members find it difficult to maintain connections to those they served with, and may find many of their civilian friendships have dropped off during their time in service. As a consequence, he said there is significant risk of social disconnection and alienation, both of which are risk factors for mental health, including suicidality.⁴⁹¹
493. Research conducted by the Gallipoli Medical Research Foundation identified the same issue. Dr Angela Maguire, who leads the foundation's Military Families research stream, told us that participants in the study 'talked about feeling very socially isolated or feeling excluded from the military community once they had transitioned from full-time service to civilian environments'.⁴⁹²
494. Suicide Prevention Australia and Mental Health Australia confirmed that 'social isolation, and related concepts such as loneliness and thwarted belongingness, have been shown to be related to suicide across a range of cultures and groups' and that the isolation many members experience when separating from the ADF may be 'particularly acute'.⁴⁹³
495. A veteran explained that as an ADF leader, he had not understood the value of a member maintaining connection with their military peers after they separate, and particularly, that it is a protective factor against suicide:

One of my own mistakes, as a leader and many others that I have spoken with, is that when someone leaves your organisation, as we do, the role of Defence Force is to put the best team on the field, we move on because our job is to provide that capability. But now, so many of us who have since transitioned know that if one of those commanders that was responsible for you had just kept touch with you and you felt connected to that community somehow, we would not have the suicide rate we have. You don't know what you don't know.⁴⁹⁴

496. Perhaps as a consequence of the social disconnection and alienation that accompanies separation, some ex-serving members can experience a desire to 'escape' or take every opportunity to 'disconnect'. This has driven some ex-serving members to substance misuse, which can add to relationship stress. As one told us: 'my relationship absolutely broke down. My partner left' leading to suicidal ideation and attempts.⁴⁹⁵

497. Another ex-serving member, who said they experienced trauma during service, wrote that at the time of being medically discharged:

I felt the loneliest. Like a nobody, like I did not matter ... After 15 years of service, having a purpose, a uniform, a rank and a job I was proud of, I was ushered out the back door and had a certificate sent in the mail – This was hard to absorb ... I have been in and out of mental health hospitals and on more than one occasion attempted suicide.⁴⁹⁶

498. A 2023 AIHW report, *Veteran Social Connectedness*, analysed data from the Household, Income and Labour Dynamics in Australia Survey. It aimed to:

explore both risk and protective factors for social isolation, loneliness, and poor community participation among Australia's veterans, as well as how these compare with people who have never served in the ADF.⁴⁹⁷

499. Social isolation is different from loneliness. The report states:

Social isolation means having objectively few social relationships or roles and infrequent social contact. It differs from loneliness, which is a subjective unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or more satisfying, social relationships.⁴⁹⁸

500. AIHW stated that social connectedness plays a significant role in the health and wellbeing of ex-serving members both during and after service. It has been associated with 'an increase in social support networks and general happiness levels with reduced severity of Post-Traumatic Stress Disorder (PTSD) symptoms and lower suicidality'.⁴⁹⁹

501. AIHW found ex-serving members to be at higher risk of social isolation and loneliness if they:

- had infrequent social contact with others or were living alone
- did not feel part of their local community
- had disability
- were not active members of clubs or associations, or were infrequently in contact with others.⁵⁰⁰

Opportunities to better support member integration into civilian life

502. Defence and DVA should improve transition supports to promote successful community integration for ADF members.
503. First, we consider how DVA could support transitioning members to develop adjustment skills to help them navigate the differences between civilian culture and military culture. We recommend that DVA commission a new program, delivered externally, to access expertise in cultural adjustment, culturally appropriate services and trauma-based approaches, as well as lived experience of the transition into civilian life.
504. Second, we explore the value of social connection and suggest ways to assist transitioning members and their families to connect with wellbeing services located in the community. We recommend that Defence should facilitate access for members to their former base, so they can maintain social connection with their peers during transition.
505. Finally, we acknowledge the important role played by families in the transition process, and the lack of targeted supports for families. We urge Defence to better engage and support the families of transitioning members. This discussion complements more extensive analysis in Chapter 27, Importance of families.

23.3.2 Giving members the skills to adjust to civilian life

506. In this section, we consider how members could be better supported to develop the skills that will help them adjust to and navigate civilian culture.

The contrast in entry and exit training

507. There is a stark contrast between the focus on entry training and the focus on exit ‘training’. The gulf is significant and many have recommended that transition from the ADF should be given the same importance as *ab initio* training.⁵⁰¹
508. For example, a literature review commissioned by the National Mental Health Commission found that military training involves ‘a process of cultural immersion’ where ‘[c]ollective attitudes, practices, rituals [and] symbols are inculcated’, resulting in ‘strong attachment, interdependence and behavioural conformity’.⁵⁰² The literature review identified:

[the] pressure to be strong (not to fail or be weak), rigid and rational thinking, and an inability (or reluctance) to express emotions and limit options in a time of crisis. In the transition process this is undone, and there is often an inability to disengage ... combined with psychological distress that impacts on quality of life and mental wellbeing.⁵⁰³

509. This was supported by evidence given by former Navy Clearance Diver Mr Ashley Semmens, who observed:

From before you join ... and through the process of joining, training and employment, you tend to gain a mindset ... this role becomes very much an identity for you. So, for me to have that taken within ... a day was quite shocking, that I didn't know who I was. I look now and still question, sometimes ... who am I, because I'm not that person anymore.⁵⁰⁴

510. In a submission, an ex-serving member suggested that Defence has 'a duty of care to ensure that its members can reintegrate into society safely and securely by undoing the training/indoctrination they have placed in individuals'.⁵⁰⁵ They went on to describe the lack of training in civilian culture and mindsets:

There is no training on how to become a civilian upon discharge. We spend minimum of 3 months, 24/7 being indoctrinated into the mentality of military just at basic training, then spend months more at job training, then years more grounded to a culture and, as the ADF even tells its personnel, a way of life. All this time spent in, what would be defined ... in the dictionary, as a culture (military culture), to one day be out, in a completely different culture (civilian culture).⁵⁰⁶

511. We heard repeatedly that there is still no appropriate level of training to teach members how to become civilians.⁵⁰⁷

Cultural difference continues to be a gap in transition supports

512. Ms Miriam Dwyer, Chief Executive Officer of the Gallipoli Medical Research Foundation, gave evidence that something is still missing in the focus of the current transition supports offered by Defence. While we acknowledge that employment is a protective factor, research tells us that 'having a job isn't the solution'.⁵⁰⁸ Ms Dwyer continued:

I think having a job is absolutely an important part of the next phase of life, but what I think is missing is the understanding of the kind of cultural and psychological shock that is going to hit somebody.⁵⁰⁹

We've come across in the research quite a number of people who transitioned into their career, their next career, but they had never addressed those psychological and cultural factors and therefore didn't maintain that job and weren't able to keep the next job. And I think that is a really important part.⁵¹⁰

513. The Interim National Commissioner found that the transition experience had not really changed in any tangible way despite the 'significant amount of work undertaken by Defence and DVA to reform the transition process'.⁵¹¹

514. She made it clear that policy and program changes should be monitored and evaluated, and reforms should ensure that members ‘are mentally prepared for the challenges of cultural adjustment to civilian life, and have formal and informal supports in place to ease this adjustment’.⁵¹²
515. In response to the Interim National Commissioner’s report, Defence commissioned four studies of ‘military-to-civilian cultural reintegration’ in 2021 and 2022. These studies were titled *Selves in Transition*, *Gender in Transition*, *Families in Transition*, and *Sporting Parallels*.⁵¹³ The studies compare the adequacy of transition supports in Australia with those of other countries, including the United Kingdom, the United States, Canada, New Zealand and Denmark, and those of comparable industries.⁵¹⁴
516. The studies concluded that Australia currently provides inadequate civilian cultural reintegration offerings to transitioning members and ex-serving members, ‘trending towards minor improvement’, and that members would benefit from enhanced meaningful engagement and social connectivity support.⁵¹⁵
517. The studies found that Canada’s *My Transition Guide* was considered ‘the most salient intervention that addresses the totality of [civilian cultural reintegration]’ despite placing ‘heavy emphasis on the mandatory completion of *Enhanced Transition Training*’.⁵¹⁶ We explore this training course below as a case study.
518. In Australia, the Gallipoli Medical Research Foundation has developed a growing body of research that aims to ‘understand, define, measure, and influence factors that improve transition and reintegration outcomes’ for ADF members.⁵¹⁷
519. The foundation has also conducted research to identify the factors that contribute to the effectiveness of transition. We discuss the two screening tools the foundation has developed in section 23.2.
520. We commissioned the foundation to pilot an eight-week version of its Transition Training Program. The pilot, which we examine as a case study in section 23.3.2:
- contributes a critical first step in exploring the potential for a comprehensive and compulsory transition training program, while generating insights into the ways such a program may best meet the needs of service members preparing to transition from the military.⁵¹⁸
521. The Interim National Commissioner recommended that Defence:
- support ADF members to prepare for their transition from the first day of service with a particular focus on preparing them for the mental and practical challenge of cultural adjustment.⁵¹⁹
522. To achieve this, the Interim National Commissioner recommended that all ADF members transitioning out of Defence undertake ‘a comprehensive, compulsory transition program’ prior to their discharge.⁵²⁰

523. The Interim National Commissioner left the specifics of the pre-discharge course to the discretion of the Joint Transition Authority, but proposed a series of principles to be incorporated in the development of this course.
524. When we asked Defence how it had implemented the Interim National Commissioner's recommendation for mandatory training, Defence provided a series of inconsistent responses.
525. In 2021, Defence stated that it accepted the recommendation, indicating that this formed part of ongoing Defence work that 'includes expediting the implementation of ... a mandatory pre-discharge transition course for all ADF members'.⁵²¹
526. In a tokenistic interpretation of this recommendation, Defence claimed it had '[a]greed to an interim solution [that] transition seminars [were to be made] mandatory'.⁵²² Defence suggested that this would ensure that 'all ADF members transitioning out of Defence [had] undertaken a comprehensive, compulsory transition program prior to their transition'.⁵²³
527. In 2023, Defence told us that it had commissioned a feasibility study into the proposed mandatory training course, conducted by an Army Reserve Colonel who had recently transitioned. Upon receiving the findings of that study, Defence decided not to implement the course.⁵²⁴
528. Defence indicated that the Joint Transition Authority had consulted DVA and the Commonwealth Superannuation Corporation, both of which supported its response to the recommendation. Additionally, Defence stated that 'the intent of the recommendation has been considered, and the [Joint Transition Authority] has worked to integrate this into individual transition plans'.⁵²⁵ No further information was provided about how this might be done.
529. To explain its decision, Defence indicated that the feasibility study 'found that a number of [the Interim National Commissioner's] recommendations had already been implemented into existing programs'.⁵²⁶
530. Defence said it did not support a mandatory training course because the feasibility study had 'identified that transition support needs to be individualised and needs-based and that a single course would not meet the individualistic nature of transition'.⁵²⁷
531. Defence also questioned whether members would engage with the course and suggested that funding could be better allocated to other activities:

The study observed that the effort and resources required to create and deliver a mandatory transition course came at the opportunity cost of other activities and capability delivery activities. Moreover, it was assessed that the majority of members would not perceive the course as a meaningful activity and [were] therefore unlikely to engage with the content ... It was not viable to develop a

course to accommodate this profile [members ranging from recruits to senior officers] when coupled with an incapacity to enforce (disciplining non-attendance would be contrary to the intent of support provision).⁵²⁸

532. This is not an accurate representation of the study. Completed in July 2022, it compared the current transition policy with a mock-up of a mandatory transition course incorporating the Interim National Commissioner's principles. It did not attempt to assess whether current transition programs are implemented in ways that are consistent with existing policy, or whether they achieve Defence's stated outcomes.

533. On this basis, the feasibility study stated that the Interim National Commissioner's proposal 'has merit', and concluded that while current Defence transition offerings on paper were broadly consistent with her approach, there were areas for improvement.⁵²⁹

534. Defence omitted to mention that the study also says:

[I]t is important to understand that the Commissioner's report is not offering a course, but rather a tailored mandatory transition program for Service personnel, both voluntary and involuntary. The program is individually focused on the transitioning Service person. It is through this lens that Defence should look at transition and not at a transactional checklist or information briefings. This delineation is important to understand in order to reframe transition from a transactional experience to a transformative one.⁵³⁰

535. The study was clear that 'the decision to make the transition seminar mandatory will not meet the Commissioner's expectations and, more significantly, transitioning service personnel's needs'.⁵³¹ The study urged Defence to 'abandon this decision quickly'.⁵³²

536. One of the areas for improvement the study identified was 'civilian reintegration', which it found was 'not covered specifically in the current program'.⁵³³ The study emphasised the importance of addressing cultural adjustment in a meaningful way:

Building a practical psychological or cultural adjustment screening model for transition should be considered an important step in transition. Addressing transition anxiety and building psychological readiness for transition are very different to extant Defence psychological processes.⁵³⁴

537. The study questioned whether Defence has the capabilities required to deliver comprehensive transition supports of the kind recommended by the Interim National Commissioner, and suggested that transition supports should better access capabilities that sit outside of Defence:

Defence is not entirely well equipped in many aspects to support an individual's transition. However, there is no shortage of both well-meaning and well-equipped organisations who can help transitioning Service personnel and value veterans' contributions in their own organisations. Any transition program should draw on a very broad audience: Government services (both federal and state offerings), ESO [ex-service organisations], and other organisations. This aspect is well

beyond current Defence capacities and possibly the capacities of DVA and many ESO. Building a shared collaborative environment among all supporting agencies will contribute to better outcomes for transitioning Service personnel.⁵³⁵

538. We suggest that such an environment must include capabilities to understand the differences between military and civilian cultures, to value civilian culture, and to develop skills in cultural adjustment and integration into the civilian community.
539. The study suggested that Defence should create a new transition module on cultural adjustment, and assess the 'value and merits' of new and revised modules within 18 months to two years.⁵³⁶
540. Despite the evidence provided by the four studies of military-to-civilian cultural reintegration and the feasibility study, Defence elected to amend existing transition supports rather than pursuing more fundamental change.
541. First, Defence 'embedded into the transition narrative' concepts associated with changes to a member's sense of identity, purpose and community, in the *ADF Member and Family Transition Guide* and in ADF Member and Family Transition Seminars.⁵³⁷
542. Second, Defence developed six new modules under its Career Transition Coaching Program:
- Preparing to Study
 - Becoming a Mentor
 - Career Conversations
 - Social Connectivity
 - Preparing to Volunteer
 - Volunteer Connections.⁵³⁸
543. We do not consider transition seminars to be an effective vehicle to engage with members. In a report to an internal committee, Defence noted that in the 12 months to 30 September 2023, almost half of transitioning ADF members did not attend a transition seminar within 12 months of separation, despite attendance being mandatory. Of those who did attend, only 53% of respondents to a post-seminar survey rated the seminar as 'effective'.⁵³⁹
544. Defence concedes that the Career Transition Coaching Program is a 'career-specific' element.⁵⁴⁰ It is outsourced to Right Management and is 'designed to support [m]embers in achieving their post-transition employment, education or meaningful engagement goals'.⁵⁴¹

545. The program does not deal in depth with the cultural and social aspects of a successful transition. For example, the 'social connectivity' module takes just 2 hours and is recommended for members who are 'interested in enhancing their likeability, communication skills and behaviours' or are 'keen to combat shyness or social anxiety'.⁵⁴²
546. All of the identified modules are optional and do not appear to have a direct connection to cultural adjustment and integration. When asked, Defence was unable to produce any relevant data to show whether members are accessing these modules and how the modules are assisting members to navigate cultural integration challenges.⁵⁴³ We discuss the Career Transition Coaching Program further in section 23.4.
547. This response is inadequate. The need for meaningful cultural adjustment and integration supports is clearly established in the literature. Defence's reasons for rejecting the Interim National Commissioner's recommendation for a comprehensive mandatory transition course are not supported by Defence's own feasibility study. There is no evidence that the optional modules inserted into the Career Transition Coaching Program are helping members to overcome cultural adjustment and integration challenges. Indeed, these modules appear to be of limited relevance.
548. There is a lack of commitment in this approach to the Interim National Commissioner's recommendation. We contrast this with the immense investment Defence makes to embed new recruits into a military mindset and culture.

Case studies

549. The following case studies illustrate how a range of programs seek to address the cultural challenges of integrating into civilian life.
550. In 2021, the North Atlantic Treaty Organization (NATO) conducted a study to assess how well member states were facilitating 'the transition of military veterans from active service to civilian life' through their programs and supports.⁵⁴⁴ This process is sometimes termed 'civilian cultural reintegration'. The study found that the:

essential considerations for every nation developing a military-to-civilian transition programme include the establishment of the following:

- A transition framework that captures the key phases of transition;
- A definition of veteran;
- Focus on work disability prevention;
- Measuring outcomes: Successes and failures;
- Timely and appropriate engagement;
- Address[ing] unique health and social care needs;
- Culture, recognition, and military-to-civilian transition;
- Involvement of families in transition; and
- Provid[ing] employment assistance.

These nine essential components are intended to provide a military-to-civilian transition framework for nations developing or enhancing the services and support they provide to service members returning to civilian life. If each component is addressed, we believe that every service member and their family will have the best chance for success in their transition.⁵⁴⁵

551. NATO's framework was used to map and assess transition offerings of NATO countries against the key dimensions of holistic support for civilian cultural reintegration. It has also been used to compare transition supports outside NATO countries.
552. Findings suggest that 'military offerings for transition and reintegration to civilian life typically focus on "problem areas"'.⁵⁴⁶ Very few countries had produced 'official or formalised military-to-civilian policies, and there existed no coordination or coherency across the nations assessed'.⁵⁴⁷

Canada's Enhanced Transition Training

553. Research commissioned by Defence on programs to help members integrate into civilian life suggested that Canada's recently updated *My Transition Guide* may provide an example of a successful holistic program.⁵⁴⁸ The research acknowledges:

The transition process [in Canada] encompasses much more than completing the administrative aspects of release and leaving the Forces, which is our current process. Transition requires thoughtful and thorough preparation and often social, emotional, and psychological adjustments as a person and as a family. It therefore takes time.⁵⁴⁹

554. *My Transition Guide* emphasises the multidimensional nature of transitioning into Canadian civilian culture. The importance of military identity, the feelings of loss that accompany transition, the challenge of changing from a collective identity to self-identity, and the potential loss of a sense of purpose are not downplayed 'as trivial or a check-box activity'.⁵⁵⁰ The guide suggests:

We may see ourselves as military first and foremost. When you make the transition from the CAF [Canadian Armed Forces], you may feel that an important part of your identity has been lost. Ask yourself, does the transition to 'Civvy Street' trigger an identity crisis in me? Do I need to refine my identity for the future? Remember, no matter where you go or what you do in retirement, your ethos – developed during your military service – will serve you well as the basis of your identity in your civilian life.

However, an unfortunate consequence of this shared military identity is that everyone takes off the uniform someday, which means this identity does not last forever. Consequently, transitioning out of the CAF will involve a shift in your identity. This can be one of the most difficult parts of transition, especially for those who have had positive experiences in the CAF and who may not be releasing voluntarily. Fortunately, a better understanding of the mechanics behind your military identity will enable you to be more proactive during the transition from CAF member, retired CAF member or Veteran.⁵⁵¹

555. *My Transition Guide* refers to the mandatory completion of Enhanced Transition Training, which forms part of the Canadian Armed Forces e-learning portal and is inaccessible to the public.
556. Since April 2019, this training has been mandatory for all members with a confirmed date of release.⁵⁵² *My Transition Guide* recommends completing the training between 1 and 6 months before the member's separation date.⁵⁵³

The reintegration course from Survive to Thrive Nation

557. The Survive to Thrive online coaching program is a peer mentor-supported mental health prevention and early intervention program for current and ex-serving military personnel.
558. It was developed by Mr Dane Christison, a veteran who served as an Australian infantry soldier in Iraq and East Timor and developed PTSD. Mr Christison created the program after observing that the military 'trains you to go to war but not to come home'.⁵⁵⁴ He identified a need for a 'structured yet flexible peer-mentoring program, whereby veterans are coached to take responsibility for their own mental health'.⁵⁵⁵
559. The Survive to Thrive program includes eight modules intended to assist serving and ex-serving members to improve their mental health and transition into civilian life. The modules address:
- resilience
 - keys to happiness
 - suicide prevention
 - stigma
 - self-discipline and responsibility
 - psychological and behavioural strategies
 - social supports
 - meditation, exercise and nutrition
 - change principles
 - motivation
 - financial goals
 - crisis management and relapse prevention
 - community integration.⁵⁵⁶
560. Survive to Thrive Nation also provides 24-hour access to peer support. The program is partnered by RSL Queensland, DefenceCare, Mates4Mates and Open Arms, and has been reviewed or evaluated three times since its inception.⁵⁵⁷

561. In 2016, RSL Queensland commissioned a Survive to Thrive pilot program, facilitated by the Gallipoli Medical Research Foundation.⁵⁵⁸ The pilot included 29 ex-serving ADF members, assessing them before the program, at the 3-month mark and at 6 months post-commencement. Results indicated that participants experienced decreased mental health symptoms and increased levels of happiness after the intervention:

[d]epression, anxiety, stress and posttraumatic stress symptoms were significantly lower at post-intervention and follow-up, compared to pre-intervention. Happiness scores were significantly higher at post-intervention and follow-up compared to pre-intervention. There were no significant differences between post-intervention and follow-up, indicating maintenance of treatment gains.⁵⁵⁹

562. In 2018, DVA commissioned Phoenix Australia to conduct a Survive to Thrive program review. Evaluators concluded that the program appeared to ‘bridge a gap between clinical services and the work of external service organisations’.⁵⁶⁰ They also said:

[t]here is clear evidence of an effort to translate clinical and scientific information to the audience in a way that is understandable and can be related to from a military perspective.⁵⁶¹

563. In 2019–2020, DVA commissioned another Survive to Thrive pilot program, this time through Open Arms, to determine the effectiveness of the program and its acceptance by the cohort of ex-serving members.⁵⁶² The Open Arms pilot involved 500 current or ex-serving participants (having performed at least one day of service), 454 of whom completed the pilot. The cost to access the Survive to Thrive program was \$1,690 per person (discounted from \$2,500). Open Arms funded these positions.⁵⁶³

564. Measurements of psychological distress (via the K10 scale), quality of life (via the AQoL-4D instrument), PTSD symptoms (via the PCL-5 checklist) and anger (via the DAR-5 questionnaire) were taken before participants began the program, at completion and a month after completion.⁵⁶⁴ Comparing the results pre-commencement and a month after completion:

- psychological distress scores were significantly decreased⁵⁶⁵
- quality of life scores decreased. (While this may be a surprising finding, the study suggests that it ‘could be due to the nature of self-development in undertaking the program’ and the fact that the program coincided with news about the Brereton Report and establishment of the Royal Commission into Defence and Veteran Suicide)⁵⁶⁶
- PTSD symptoms decreased significantly⁵⁶⁷
- anger scores decreased significantly. (At pre-commencement, 50% of respondents met or exceeded the clinical cut-off for problematic anger; 1 month after completion, this had reduced to 24%)⁵⁶⁸
- testimonials ‘supported high acceptability of the program among participants’ and they reported positive changes with regards to relationships, employment, and management of mental health and wellbeing.⁵⁶⁹

565. The Open Arms pilot concluded that the Survive to Thrive program might help to reduce mental health decline during the reintegration into civilian life, and for those ex-serving members who may be experiencing subclinical or early stages of mental ill health.⁵⁷⁰
566. Importantly, the Survive to Thrive program is not a substitute for clinical intervention and treatment. It was recommended that the program be included in the suite of services provided by Open Arms and provided to the ADF for its consideration, with the suggestion that it be offered to transitioning members.⁵⁷¹
567. The Survive to Thrive program was designed to target current members separating from the ADF, or recently transitioned members who have 'no mental health presentation or diagnosis' or 'subclinical symptoms of a mental health condition'. Similarities can be drawn between it and the GEARS program (discussed below).⁵⁷²
568. Based on these results, the Survive to Thrive program is a promising initiative.

The Open Arms Stepping Out program

569. Stepping Out is a two-day, face-to-face educational workshop delivered by Open Arms counsellors or peers who draw on their own lived experience of service and transition. It helps transitioning members plan their successful transition alongside other transitioning members and their families, and is available before and up to 12 months after separation.⁵⁷³
570. The main objectives of Stepping Out are for participants to:
- discover key issues related to personal and social adjustment following discharge
 - receive knowledge, skills and resources to assist them in making the transition to civilian life.⁵⁷⁴

The GEARS program

571. Dr Jonathan Lane, a psychiatrist and ex-serving member, developed the GEARS program in 2019.⁵⁷⁵ GEARS uses lived-experience peers to assist those with emotional dysregulation and transition issues related to identity and purpose.⁵⁷⁶ It combines psychoeducation and skills training to improve emotional regulation and interpersonal relationships.
572. GEARS was initially piloted between February and April 2020 with participants including various military and emergency services personnel. Military and Emergency Services Health Australia funded an evaluation of the effectiveness of the GEARS pilot program; this evaluation began in July 2020 and is expected to be completed in August 2024.⁵⁷⁷

573. Early results of the pilot are encouraging. Participants demonstrated statistically significant decreases in the mean values they scored on a range of measures: psychological distress, anxiety, depression, post-traumatic stress and anger.⁵⁷⁸ The involvement of peer co-facilitators with lived experience and the use of culturally specific content are seen as fundamental to its effectiveness.⁵⁷⁹

574. One of the features of GEARS is the use of peer support workers. This seeks to address the high dropout rate from traditional psychotherapy delivered by clinicians, and supports better outcomes by lifting engagement.⁵⁸⁰ Dr Lane stated that using non-clinician facilitators also gives the program a practical advantage:

Peers with lived experience are so important in this space ... from a capacity point of view. Clinicians like me do not have the time to take on every individual, and in fact it is not necessary that this happens, so it's important we empower people to do this for access, engagement, effectiveness, and economic reasons.⁵⁸¹

575. Participants have found the GEARS program to be highly engaging, and have maintained positive outcomes 6 and 12 months after completion.⁵⁸² It was recommended that the target cohort should include those who display medium or high symptom levels for distress, depression or PTSD.⁵⁸³

576. GEARS addresses what Dr Lane saw as deficits in previous programs, by:

- using an acceptance and commitment therapy framework
- including a full, written manual that participants can work through in their own time and keep as a resource
- using cultural specifics and a shared language
- including content on service identity and culture
- providing a full session on transition
- inviting partners to attend two of the sessions.⁵⁸⁴

577. GEARS comprises 12 weekly, two-hour sessions in which participants receive skills-based psychoeducation about the effects of service life, service conditioning, and identity and transition within the context of chronic stress and trauma. Participants are taught how these factors impact emotional regulation and interpersonal relationships, which in turn have consequences in all aspects of their life.⁵⁸⁵

578. The GEARS Participant Manual acknowledges the impact of transition. It says that transitioning from military to civilian life represents 'a loss of a huge part of how we see ourselves, and who we feel we are. We no longer have a purpose, and it can seem impossible to find any meaning in life'.⁵⁸⁶ The manual also describes each of the sessions:

- **Session 1: Effects of Chronic Stress and Trauma on Self, Others and Relationships**
 - What is trauma?
 - Emotional belief problems that stem from stress and trauma
 - Self and self-identity, and trauma's impact on relationships with others
 - Service identity as 'much more than just a role – it is 24/7, 365 days a year. It is not something you just take off when you take off your boots at the end of the day'
- **Session 2: The Nature and Purpose of Emotions**
 - What emotions are and their purpose
 - Cognitive behavioural therapy
 - How to increase emotional awareness and mindfulness
- **Session 3: Cognitive Interventions for Emotional Regulation**
 - How beliefs impact thoughts
 - Negative automatic thoughts
 - How to develop less harmful thinking
 - Tools for emotional regulation
- **Session 4: Focus on Behaviours and Interventions for Emotional Regulation**
 - How behaviours impact emotions
 - Behavioural interventions for emotional regulation
- **Session 5: Routine and Structure**
 - The role of routine, structure and environment on emotions
 - The stress-vulnerability model
 - Distress tolerance through goal setting
- **Session 6: Values, Culture and Identity for Effective Transition**
 - Values and value systems
 - Culture (especially military culture) and its effect on identity
 - Transition and identity changes

- **Session 7: Introduction to Relationships and Relationship Patterns**
 - The characteristics of healthy versus unhealthy relationships
 - Individual needs
 - Relational frame theory
- **Session 8: Boundaries within Relationships**
 - Healthy boundaries
 - Concepts of responsibility and control for meeting needs and wants in relationships, including setting goals for managing relationship conflicts
- **Session 9: Developing Individuality within Relationships**
 - Power and dependency within relationships
 - The need for individuality and autonomy
- **Session 10: Rupture and Repair – Negotiating Conflict through Effective Communication**
 - Conflict within relationships
 - Rupture and repair within relationships
 - Essential skills to manage conflicts
 - Practical communication skills
- **Session 11: Developing Intimacy within Relationships**
 - Relationships, and building intimacy within relationships
- **Session 12: Consolidating Knowledge, Developing a Purposeful Future**
 - Acceptance and commitment therapy
 - Future direction
 - Culture, values and identity revision.⁵⁸⁷

579. Dr Lane's program acknowledges that transition is a process that involves leaving an organisation that has conditioned its members to adopt specific norms. Those norms relate to 'acceptable' and 'unacceptable' emotions, methods of handling distress, ways to communicate, obedience to a defined role, a particular purpose and identity, and certain standards or ideals.

580. The program also acknowledges that transition involves a 'reverse culture shock' where members have to adapt to civilian roles, expectations, ideals and norms that often conflict with those learnt in service.⁵⁸⁸

581. The topics raised in GEARS appear to directly address the internal challenges a member encounters at transition as a result of this culture shock, as well as those arising from common conditions seen in military personnel (such as PTSD, trauma and mental illness). These directly affect an individual's functioning; sense of control, worth and self; and ability to reintegrate into civilian life.
582. The program offers tools, concepts and frameworks that relate to a person's subjective experience of transition. It explores communication styles; sense of self and self-esteem; feeling of control and adequacy; emotions and behaviours; and values.⁵⁸⁹ These topics are different from those that address the more 'external' practical-world issues that members face when leaving the military, such as employment, financial stability and housing. Offerings that explore subjective experience are not currently available in Defence or DVA transition programs, though they are arguably just as important.
583. The focus on emotions (which begins by educating participants about what emotions *are* and what their purpose is), and on helping transitioning members regain a sense of control, appears to be particularly important. In the context of the strong conditioning that occurs in service life – teaching members to suppress distress, and to consider loss of functioning as a personal failure – explicit education on these matters is crucial.⁵⁹⁰ Dr Lane stated:
- GEARS is an intervention aimed at improving mood regulation, interpersonal communication skills, and relationship skills for people with chronic stress, distress, trauma and mental health problems. It was developed as a generalised, stabilisation intervention to help veterans' functioning. It specifically addresses the issues around identity for service personnel when they transition from service. This process is fundamental to the future trajectory of an individual because transition is not just leaving the job; transition is the process of a transition of identity and culture as well.⁵⁹¹
584. The program uses therapeutic tools that are already known to be effective for psychological disorders such as PTSD and depression.⁵⁹² It packages them in a way that is comprehensible and appropriate for military and first responder personnel, using language and examples that are directly relatable to this cohort.
585. In August 2023, Military and Emergency Services Health Australia prepared a research paper for the Royal Commission evaluating the effectiveness of the GEARS intervention for Australian ex-serving members. The primary objective of the commissioned research was to report any changes in mental health and wellbeing over a 12-week period before and after GEARS.⁵⁹³
586. Acknowledging the small sample of 52 participants, the results were positive. As reported: 'there were significant reductions in self-reported scores of PTSD, depression, anxiety, anger, distress, and suicidality'.⁵⁹⁴ Participants also reported enhanced quality of life and satisfaction, and 'a significant improvement in [the] intimate relationship functioning measure'.⁵⁹⁵

587. According to the evaluation, the primary factors in GEARS that ‘enabled these outcomes were the culturally specific content, use of lived experience peers, and group structure’.⁵⁹⁶ These components are important to consider as we formulate the recommendation in this space.
588. Rates of mental health disorders existing prior to the GEARS intervention were high among the participants. For example:
- Prior to GEARS 21.9% of veterans had probable PTSD, 56.2% had severe psychological distress, 54.8% had severe depression, 28.8% had severe anxiety, 39.7% had anger issues, and 45.2% reported suicidal ideations/attempts. The majority were not working and were not looking for work (50.7%), 76.7% were financially stable enough to make payments on household debt and just under half were on a military or veteran pension 47.9%. Eighty-nine percent of veterans had previously sought help for their mental health.⁵⁹⁷
589. The researchers observed a different pattern of results among the ex-serving members who had reported suicidal ideation or behaviours prior to starting GEARS, compared to those who had not:
- Ex-serving members with suicidality reported significant reductions in anxiety and impulsivity (one aspect of emotional regulation) following the 12-week GEARS program.⁵⁹⁸
 - In contrast, ex-serving members without suicidality prior to GEARS reported significant reductions in PTSD symptoms, psychological distress, anger and depression – nearly all aspects of emotional regulation *except* impulsivity.⁵⁹⁹
590. This finding was said to be ‘important due to the known link between impulsivity and [death by] suicide’.⁶⁰⁰

Gallipoli Medical Research Foundation pilot program

591. The Royal Commission also commissioned the Gallipoli Medical Research Foundation to evaluate a reintegration pilot program that is evidence-based and delivered face to face. The program is designed ‘to lessen the substantial burden of mental illness and negative psychosocial outcomes in the veteran community that have been associated with transition difficulties’.⁶⁰¹
592. The Transition Training Program Pilot was developed to enhance the psychological factors shown to positively influence transition outcomes. The aim was to highlight psychological and cultural issues that might be hindering participants’ adjustment to civilian life.⁶⁰² The pilot was delivered in an interactive group format. The report makes recommendations about:
- content, delivery and implementation of a program targeted at transition
 - further research on this pilot program
 - potential implementation by the Joint Transition Authority, if the pilot was successful.⁶⁰³

593. The evaluation project was an iterative three-stage process. Stage 1 aimed to evaluate an 8-week version of the Transition Training Program Pilot, recruiting participants from either:
- the Soldier Recovery Centre (a centre providing broader transition-based support programs) at Enoggera Barracks, or
 - other units at Enoggera Barracks.
594. Stage 2 followed a shorter workshop-style format, but was hampered by insufficient enrolment.⁶⁰⁴
595. In Stage 3, a focus group comprising a cohort from the Soldier Recovery Centre sought to understand why there were challenges recruiting participants in Stages 1 and 2, and whether additional insights relevant to optimising the program content and delivery could be discovered.
596. Various recommendations were made to improve the engagement of transitioning members in the program. These considered:
- whether different transition pathways would be appropriate for members who separate under different circumstances (for example, voluntary separation, administrative or medical discharge, and age-related separation)
 - whether short, flexible delivery formats (for example, a preference for the 3-week timeframe) would better suit the cohort, and whether there was interest in online or hybrid delivery formats
 - whether the program could be better integrated into existing ADF transition processes (for example, by raising awareness of it when a member submits their transition paperwork, or making the program mandatory so it would be easier to get time off from unit responsibilities).⁶⁰⁵
597. The case studies demonstrate that there is value in supports that target the cultural and social challenges of transition. This body of effort recognises that failure to understand and effectively navigate the differences between military and civilian life have a direct impact on transition outcomes and the risks that contribute to suicide and suicidality among ex-serving members.

23.3.3 Building social connection

598. Although many studies explore ex-serving members' experiences of transition and predictors of wellbeing, few examine how social group engagement and identity influence transitioning members' wellbeing and adjustment to civilian life.
599. In 2021, a group of academics, including Professor David Forbes (whose evidence on the importance of emotional regulation to the social determinants of a fulfilling life is discussed in section 23.3.1), conducted a study of 40 Australian ex-serving members.⁶⁰⁶ The results, published in the *Australian & New Zealand Journal of Psychiatry*, are summarised as follows:

Veterans' social group memberships may act not only as positive psychological resources during transition but also as a potential source of conflict, especially when trying to re-engage with civilian groups with different norms or beliefs. Military values inscribed within a veteran's sense of self, including a strong sense of service, altruism and giving back to their community, may operate as positive resources and promote social group engagement.⁶⁰⁷

600. The study concluded:

Engaging with supportive social groups can support transition to civilian life. Reintegration may be improved via effective linkage with programmes (e.g. volunteering, ex-service support organisations) that offer supportive social networks and draw upon veterans' desire to give back to community.⁶⁰⁸

601. Other research has identified the importance of peer support groups as a 'unique tool' to provide social support and help ex-serving members integrate into the community. In fact:

The number and variety of community-based peer support groups has grown to the point that there are now more visits to these groups each year than to mental health professionals. The focus of these groups on the provision of social support, the number and variety of groups, the lack of cost, and their availability in the community make them a natural transition tool for building community-based social support. A growing literature suggests that these groups are associated with measurable improvements in social support, clinical symptoms, self-efficacy and coping.⁶⁰⁹

602. There is also emerging evidence about the benefits of using peers to deliver veteran support services. In a review of literature on suicide prepared for the Royal Commission, Phoenix Australia observed:

the use of peers may facilitate connectedness, veterans may be more open to seeking support from other veterans, and importantly peers themselves may benefit from their involvement in delivery of interventions.⁶¹⁰

603. As discussed in section 23.1, separation can mean an abrupt end to a member's relationships with their friends and peers in the ADF. With this in mind, we considered how transitioning members can be supported to maintain social connections with their ADF peers, while also building social connections in the civilian community.

604. The following discussion focuses on support after separation, but we also wish to emphasise that preparation for transition should begin as early as possible. Members should also be encouraged to maintain civilian connections during service – for example, by participating in community sporting teams or other groups – to reduce cultural barriers and facilitate integration after service.

Access to bases post-service

605. The Defence Security Principles Framework states that ‘personnel transitioning from ... the ADF are required to surrender their Defence Common Access Cards ... This should be part of the routine off-boarding administration for all Defence personnel’.⁶¹¹ What this means is that members who have separated are no longer able to visit their old base, or access it in any way. Defence’s system of access cards does not include a category for ex-serving members.⁶¹²

606. The Royal Commission has received submissions that rules and norms precluding ex-serving members from accessing their former base can compound feelings of social disconnection and rejection from their ‘military family’.⁶¹³

607. Brigadier Kahlil Fegan DSC, then Commander of the 3rd Combat Brigade, Army, responded to questions about whether this decision could be reversed ‘to allow those who have left’ to ‘have some sort of ability to re-bond with friends and old colleagues’.⁶¹⁴ He stated:

there are the security implications of letting people who are no-longer in the forces back onto the base, so we just have to weigh those risks. With our base at the moment, because of the operational nature and some of the associated sensitivities, we are sort of reluctant to let anyone that doesn’t have a prescribed work-related reason come on the base, with the exception of families.⁶¹⁵

608. Ex-serving members explained that they could reconnect with their military community if they were able to visit a social gathering space on the base, such as the gym. Major Heston Russell (Retd) is Managing Director of Veteran Support Force, which was created to support ex-serving members and their families to engage with the Royal Commission. He gave evidence, saying:

This is one of the biggest issues, is when we transition veterans, they lose that connection, and it is that moral connection back to that tribe ... The amount of veterans I’ve spoken to, and I know myself included, driving past the Gallipoli Barracks, you long to be able to go back onto that base just to be able to go and work out at the gym and be around people, you long to be connected back to that community.⁶¹⁶

609. A submission from Veteran Support Force stated that:

the handing [in] of ID cards and no longer [being] able to access on-base facilities such as those that provide social community engagement ([such as] the gym and fitness facilities) has a direct and very negative impact.⁶¹⁷

610. The group argued for a ‘sponsored pass’ and register for transitioned members that enables access to base facilities within certain limits and during mandated hours. This:

ongoing register could be maintained within Defence [and the] Joint Transition Authority so as to enable the required screening ... while maintaining an informed register of the veteran’s access on and off base.⁶¹⁸

611. In a submission, another ex-serving member suggested:

Another thing I'd like to see is some kind of restricted access to bases so we can have some access to services on base and socialise with old mates ... Sometimes I think it'd be nice just to go to the frontline on base or the mess. Just something so we can still feel a part of it. An annual veterans BBQ or something for families and veterans to get together, supported by Defence. I feel like there's so much disconnect from the ADF when you leave. It feels like you're totally cut off from everything that you know.⁶¹⁹

612. Veteran Support Force suggested issues of 'security and potential behaviour issues continue to be quick responses to delaying or preventing this from occurring'.⁶²⁰

613. Brigadier Nicholas Foxall AM DSM gave evidence as Commander of the 1st Brigade, Army, in the Northern Territory. Given the benefit of connecting ex-serving members with their previous units, he emphasised that Defence must consider 'how we allow them [ex-serving members] to have access to their friends after they finish their service'.⁶²¹

614. Some overseas jurisdictions have procedures to facilitate base access after separation. In the United States, the National Defense Authorization Act 2019 allows ex-serving members with service-connected disabilities and those enrolled in the Department of Veterans Affairs caregiver program to access on-base benefits.⁶²² To gain base access, eligible ex-serving members need to get a Veterans Health Identification Card.

615. In Canada, the Military Veteran Program Plus (MVP+) allows former Canadian Armed Forces personnel to access 'some of the social, physical, retail and financial benefits they received while serving'.⁶²³ The aim of the program is to give ex-serving members access to a social network and an ongoing connection with the Canadian Forces community. As part of this initiative, former members have lifelong access to the base gym at no charge.⁶²⁴

616. In New Zealand, ex-serving members of the Air Force can obtain an associate member card that allows them to access an Air Force mess or club after separation.⁶²⁵

Service providers are local and understand service life

617. One of the first connections a transitioning member might make outside the ADF is with local service providers. This may be particularly valuable for a member who is discharged in a location far from their most recent operational unit – for example, because they were receiving medical treatment or they were posted to a 'holding' unit.

618. The Royal Commission has heard evidence about the positive impact and importance of connecting ex-serving members with local services, whether they are delivered by the Australian Government, the state or territory, or ex-service organisations. This can be particularly beneficial when service providers have lived experience of the military, and an understanding of service life, or 'military cultural competence'.

Services with military cultural competence and lived experience

619. The concept of ‘military cultural competence’, as discussed by Dr Lane, is relatively new and emerged as a rapid response to an all-volunteer force coming home from Iraq and Afghanistan. These individuals needed care but had to rely on civilian service providers who understood very little about the military. He referred to research that states:

Military cultural competence pertains to a provider’s attitudinal competence, cognitive competence, and behavioural competence in working with service members and veterans.⁶²⁶

620. The absence of military cultural competence can cause:

barriers to [personnel] engaging services (‘they just don’t understand’); [it] impacts ongoing participation in care (‘I can’t relate to this shit or that person’); and therefore, [it] fundamentally impacts the wellbeing and mental health trajectory of that individual.⁶²⁷

621. This cultural competence would be further enhanced by lived experience of the transition from military to civilian life. Mr Mark Schröfel, an ex-serving member and PhD candidate, explained:

[T]he idea of managing transitions from within the Defence Force, for example, I think, is a bit silly, especially when there are people who are leading it and have never transitioned themselves.⁶²⁸

622. In addition to the importance of military cultural competence and lived experience of transition, we heard about the importance of effectively engaging the veteran community in services to encourage uptake.

623. Professor Steven D’Alessandro is Professor of Marketing at the University of Tasmania and an expert in consumer behaviour and user-centric delivery systems. He emphasised how important it is to get the branding and messaging right, and to adopt a wellbeing model rather than a model that looks and feels like ‘government ... bureaucracy, service delivery, [or] workers compensation’.⁶²⁹ He said:

we felt sorry for Open Arms ... [W]hile they do a terrific job ... because they are with the ‘government.au’ thing, and the veterans are fighting the Government, they won’t go near it.⁶³⁰

624. Psychologist Dr Jonathan Moscrop is Townsville Clinical Lead of Psychological Services at Mates4Mates, an ex-service organisation focusing on rehabilitation and recovery. Dr Moscrop explained that barriers to accessing local veteran support services still existed because of the ‘significant stigma around reaching out for help’.⁶³¹ Speaking to local media, he said:

There is a mistrust and I think that's why a service like Mates4Mates, where our clinical staff understand the veteran experience and they understand that there's another hurdle to get over, is important.⁶³²

625. While acknowledging the importance of having end-to-end coordinated case management services, Professor D'Alessandro stated 'the crucial thing is ... the community ownership'.⁶³³

[W]e are trying to reintegrate the veterans back into the community and providing opportunities, so one of the things that was mentioned was [that] veterans make very good umpires because they like following rules, regulations and doing that. And that, of course, if you are in a country town and you are umpiring or playing sport, you are getting reintegrated into the community.⁶³⁴

Veterans' and Families' Hubs

626. There is growing interest and investment in hubs that allow ex-serving members and their families to receive support in a community setting, with peer support and a holistic wellbeing approach.⁶³⁵ Professor Forbes suggested there would be value in a local community hub 'where people understood you as a veteran and what you might have experienced in active service' to help ex-serving members integrate into the local community.⁶³⁶
627. In a joint submission, Suicide Prevention Australia and Mental Health Australia suggested the DVA Veterans' and Families' Hubs program is one way for government investment to support veterans' social connection.⁶³⁷ Veterans' and Families' Hubs are explored in greater detail elsewhere in Chapter 24, Empowering veterans to thrive, but we mention them here because they provide an opportunity to connect transitioning members to local service providers and the broader community.
628. In 2019, the Australian Government announced funding of \$30 million over three years to establish a network of six Veterans' and Families' Hubs.⁶³⁸ This initial commitment was expanded in 2021 and 2022 to fund hubs in South East Queensland and Tasmania, and an additional eight hubs across Australia.⁶³⁹ Hubs in Perth, Adelaide, Townsville, Nowra, Wodonga, Darwin and Caboolture are operational, and DVA expects the remaining hubs to be open by mid-2026.⁶⁴⁰
629. DVA intends that each hub will be a 'one-stop shop' that 'provide[s] coordinated, innovative and flexible models of services delivery to reach as many veterans as possible'.⁶⁴¹ DVA expects the program will facilitate 'social support and connection' and it plans to evaluate the program's effectiveness.⁶⁴²
630. Veterans' and Families' Hubs provide a promising service delivery model that prioritises lived experience and links veterans and families to the community.

23.3.4 Families in transition

631. We discuss the many ways families support serving and ex-serving members – as well as the impacts of service on families, and the supports provided – in Chapter 27, Importance of families. However, we also want to acknowledge the particular role family members – particularly spouses and partners – play in transition.

Importance of family support during transition

632. Military families are pivotal in the role of supporting their loved one's transition to civilian life.⁶⁴³ This can include:

- transition planning
- assisting them to navigate civilian life
- emotional support, facilitation of broader social connections and being a source of resilience
- physical care for a transitioning member who is ill or injured, and for those in hospital or rehabilitation, including those experiencing suicidality
- day-to-day practical supports, including transportation
- encouraging and facilitating the acceptance of appropriate help, including assistance with DVA claims
- assisting the veteran to seek help or alerting services when they are at risk
- being an essential source of information about the member's wellbeing, behaviour or adherence to a rehabilitation regime.⁶⁴⁴

633. The Chief of Personnel, Lieutenant General Natasha Fox AO CSC, emphasised that outcomes for members are greatly improved when their families are engaged in the transition process:

We know when the family is engaged [with] the transition coach, there are better outcomes for the members and their family because everyone understands then what plan B might be on leaving.⁶⁴⁵

634. Ms Gwen Cherne, the Veteran Family Advocate Commissioner, agreed that when the family is well supported, it can have a positive impact on the mental health of a veteran and act as a protective factor for the prevention of suicide.⁶⁴⁶ Conversely, she agreed that an unsupported family can be a risk factor for veteran suicide.⁶⁴⁷

635. The importance of family support during transition was also recognised by:

- Professor David Dunt's 2009 *Review of Mental Health Care in the ADF And Transition Through Discharge*
- the National Mental Health Commission *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*
- the Department of Defence and DVA 2017 Transition Taskforce
- the 2018 Australian Institute of Family Studies Family Wellbeing Study
- the Productivity Commission's 2019 *A Better Way to Support Veterans* report
- the 2021 Interim National Commissioner for Defence and Veteran Suicide Prevention's *Preliminary Interim Report*
- the 2022 *Families in Transition* research report commissioned by Defence.⁶⁴⁸

636. According to the 2021 Census, 521,600 households had at least one person who was a current or ex-serving member.⁶⁴⁹

Pressure on families during transition

637. The whole family is affected at transition, not just the member. Previous reviews all point to the idea that 'families are deeply implicated in, and affected by, transition from the military'.⁶⁵⁰ Not only do family members provide emotional support and aid in transition planning, but they also face many practical and emotional challenges in their own right, in the adjustment to civilian life.⁶⁵¹

638. The 2017 Transition Taskforce identified 'unrecognised impact on families' as a key barrier to effective transition, where '[m]any family members feel unprepared and unsupported for the impact of transition and the consequent establishment of their lives in a civilian context'.⁶⁵²

639. The Transition Taskforce found that transition can be an uncertain time for families, with family dynamics changing due to new working, housing and financial arrangements, and the stability of personal relationships sometimes at risk.⁶⁵³

640. The challenges ADF members face, especially at transition, have a ripple effect that sometimes leads to family instability or breakdown, and affects children's educational outcomes and mental health.⁶⁵⁴ Families trying to support a transitioning member who has poor mental and/or physical health tend to face more transition-related challenges, including strained family relationships, and the effects of the member's difficulty finding stable or satisfactory employment outside the ADF.⁶⁵⁵

641. The Australian Institute of Family Studies Family Wellbeing Study found that psychological distress, either on its own or when coupled with poor physical health, increased the risk of relationship discontent and abuse, and reduced the level of relationship satisfaction.⁶⁵⁶

642. The Family Wellbeing Study also found that partners of recently separated ADF members exhibited poor wellbeing in a range of areas connected to the fact that they had serving partners. They were significantly more likely to report problem drinking, drug use and suicidality in the last 12 months.⁶⁵⁷ This indicates that transition and post-transition are particularly vulnerable periods for families.

What support is there for families during transition?

643. Relationship breakdown, family violence and poor social relationships have a known association with suicidality. Inversely, social connectedness is a protective factor against suicidal behaviour. For this reason, families of current or former members who have poor mental and/or physical health, or who are otherwise at higher risk, need greater support and engagement.⁶⁵⁸ In this way, supporting the family can be seen as a part of early intervention and prevention.

644. Despite this, there is no tailored program or collection of offerings for family support at transition. The 2018 Career Transition Assistance Scheme Review found that:

there is a disparity between family support for postings and family support for transition. Families report long running negative impacts on education, and training and employment due to supporting a member's ADF career.⁶⁵⁹

645. Families can attend coaching sessions and transition seminars offered by Defence.⁶⁶⁰ By referral, family members can also access the Partner Employment Assistance Program. This program aims to support the employability of partners by 'helping them define their career goals and work targets, increasing job market readiness, improving confidence with networking and improving their personal branding'.⁶⁶¹

646. It was found that 70% of ADF members and their civilian partners were aware of the Partner Employment Assistance Program, but only 15% of those who were aware reported using it.⁶⁶² Of those who used it, 59% found it useful.⁶⁶³

647. Family members can call the 24/7 Defence Member and Family Helpline. According to the Defence website, the helpline provides support during transition that includes crisis help; support for relocation; connection with community groups and local area resources; referral to transition coaching; and counselling for personal, relationship and family problems.⁶⁶⁴

648. Open Arms provides workshops that families can attend, including the two-day Stepping Out program tailored specifically to transition-related and social adjustment issues.⁶⁶⁵

649. These limited offerings confirm that little has changed since the Transition Taskforce recommended that families and caregivers should be viewed as individuals in their own right, requiring support, such as counselling, peer support and options for respite care.⁶⁶⁶ The Transition Taskforce proposed supports include tailored support programs for family members, information resources and greater engagement with families during transition. The taskforce indicated this could be addressed, in part, by removing privacy barriers.⁶⁶⁷ We explore information sharing and privacy issues further in Chapter 16, ADF healthcare services.

23.3.5 Conclusion

650. Lived experience, expert medical evidence, submissions, the outcomes of international studies and academic research all agree: Australia's current transition supports and programs do not adequately address the culture shock veterans may experience as they transition out of the ADF.
651. We acknowledge that many community veteran support organisations offer services to 'fill this gap after transition, through programs targeting cultural adjustment and deinstitutionalisation'.⁶⁶⁸ There is an opportunity to learn from these services. For example, the case studies we explore in section 23.3.2 indicate that an effective intervention should:
- acknowledge the full range of social, emotional and psychological adjustments involved in transition, and recognise that transition is a lot more than an administrative process
 - focus on developing the member's practical skills for adjusting to civilian life – including an understanding of their own emotional regulation and how to build supportive relationships – not just providing treatment or therapy
 - balance the benefits of employing peer facilitators versus clinicians with relevant competencies, managing the potential for harm to peers or participants.
652. To fill this gap, we recommend a new program that gives transitioning members the skills to adjust to civilian culture.
653. We are concerned that Defence's tokenistic response to the Interim National Commissioner's recommendation, misrepresentation of the feasibility study, and ongoing failure to implement meaningful cultural adjustment and integration supports is symptomatic of a lack of capability within Defence. Defence has substantial expertise in instilling military culture, but has not demonstrated capabilities in relation to civilian cultural integration.
654. Consistent with our recommendations in section 23.2, we recommend that DVA commissions and funds the new program. We urge DVA to consider how it can partner with other organisations to access the capability to design and deliver such programs, including expertise in cultural adjustment; lived experience of the transition from service to civilian life; experience in delivering trauma-informed services; and understanding of mental health first aid. This could include non-government, private sector, educational and other providers.
655. The recommended commissioning model would allow for different providers to be engaged in different locations, to better meet local needs and priorities. It would require a clear and transparent approach to setting, monitoring, reporting on and evaluating program objectives. By splitting design and delivery, we also seek to engage researchers and academics in the process of designing programs, so they can apply their knowledge of international leading practice.

656. DVA should publish an outcomes framework for the program, and evaluate the pilot after 2 years of operation to assess whether it should be rolled out to more sites. The evaluation findings should be made public.
657. The principles included in the Interim National Commissioner's recommendation for a comprehensive mandatory transition training course make it clear that the recommended compulsory training should *not* replace individualised, bespoke support – particularly for at-risk cohorts.
658. The Interim National Commissioner emphasised the need to begin preparation for transition as early as possible and to actively engage members.⁶⁶⁹ However, we also heard evidence that members do not absorb information that is not directly relevant to them at the time.⁶⁷⁰ For this reason, we envisage the proposed program as a specific, intensive, final phase of transition preparation.
659. We suggest the program be delivered in two components, one before and one after separation. This should ensure the member is upskilled before they enter civilian life, and also has an opportunity to address the real-world challenges they experience after separation. This approach should also encourage engagement.
660. Unlike the Interim National Commissioner, we do not propose a mandatory program. As Lieutenant General Fox said in relation to Defence transition seminars, making something mandatory does not necessarily improve engagement.⁶⁷¹ We expect that the improved model of engagement we have recommended in section 23.2 will provide strong encouragement for members to participate, even without mandatory participation.
661. In addition, for members who are newly separated from the ADF, we consider that facilitating access to their friends on base could reduce the potentially isolating effects of transition. While we appreciate that making new social connections in the civilian world is a critical part of a successful transition, this does not require members to immediately shed their former peers.
662. We are pleased to see the growing investment in Veterans' and Families' Hubs, and acknowledge the important work done by health and wellbeing services in the community. If successful, connection with local services that understand service life and the challenges of transition into the civilian community could provide an important point of social connection for ex-serving members.
663. While the importance of families is often cited, we urge Defence and DVA to take more concrete steps to better support families during transition, to improve outcomes for partners and children as well as ex-serving members.

Recommendation 81: The Department of Veterans' Affairs to fund a program to support members' wellbeing during transition to civilian life

The Department of Veterans' Affairs (DVA) should fund and commission a cultural transition program to support members to build and maintain wellbeing during the transition from military to civilian life. The purpose of the program should be to empower members to develop the skills to adjust and integrate into civilian culture successfully and sustain social connections.

The program should:

- (a) be designed by an expert panel independent from DVA, including people with lived experience of service and transition (both serving and ex-serving Australian Defence Force members) and expertise in cultural adjustment and trauma-informed approaches
- (b) be delivered in two parts, the first prior to separation and the second within six months of separation
- (c) be evaluated three years after the commencement of the program to assess its outcomes and effectiveness, with adjustments made accordingly.

Recommendation 82: Establish a consistent, locally responsive policy on ex-serving members' access to bases

Defence should establish a consistent policy on access to military bases that includes the objective of supporting ex-serving members and their families to maintain social connections following separation from the Australian Defence Force. The policy should allow for local decision-making that balances the benefits of maintaining social connection with former colleagues in the 12 months following separation, with the need to maintain base security.

23.4 Employment and career supports

664. In this section we examine barriers preventing ex-serving members from gaining employment after separation. These barriers often go unresolved due to limitations in the current arrangements aimed at translating the skills and experience members gain during service into the civilian workplace.
665. For some ex-serving members, the skills they acquire during their time in the ADF do not translate well into civilian qualifications or employment. Unemployment is a known risk factor for suicidality, whereas employment – and the financial stability, sense of purpose, connection to colleagues and supportive routine it can provide – is a protective factor against it.
666. Sadly, some ex-serving members are not supported well through their transition into civilian employment. The current approach to transition has several shortcomings, which act as barriers to veteran employment. Military training is not readily translated into the civilian workplace. Job readiness supports are fragmented and inconsistent, and ex-serving members need support to promote their skills and connect with employers.
667. We suggest that these shortcomings be addressed by aligning ADF training with civilian qualifications, and supporting universities to recognise prior learning from the ADF. We propose ways to improve employer recognition of the skills and abilities of ex-serving members. We also recommend creating pathways to employment in the public sector.

23.4.1 Effective employment supports during transition are critical

668. The vast majority of those who serve in the ADF have rewarding careers and go on to transition successfully to civilian life.⁶⁷²
669. The extensive skills, abilities and attributes developed during military service mean ex-serving members are well regarded by many private sector employers across a diverse range of industries, particularly in a tight labour market. Many make a valuable contribution to their communities and broader society in their post-service life. Notably, this includes many who have suffered from physical or mental health issues during and after their service.
670. Sadly, this is not the case for all who serve. Some ex-serving members struggle to find their post-service identity in the civilian world or to secure gainful employment.
671. As discussed in section 23.3, ex-serving members may experience a loss of purpose and identity when they leave the ADF. Most members separate from the ADF with many working years ahead of them.⁶⁷³

672. Meaningful employment using the skills and experience learned in the ADF contributes to a new sense of purpose and identity for ex-serving members. The broader community benefits from the application of these skills and experience, as well as ex-serving members' economic contribution and reduced reliance on income support and other assistance.⁶⁷⁴
673. Ex-serving members experience a comparable rate of employment to the general population. AIHW reported that over three-quarters of ex-serving ADF males and females (78% and 76% respectively) were employed in 2016, compared with 67% of Australian males and 57% of Australian females.⁶⁷⁵ After adjusting for age, ex-serving males were employed at a similar rate to Australian males, while ex-serving females were employed at a higher rate than Australian females.⁶⁷⁶
674. AIHW found that ex-serving members who were male, with fewer years of service, and in junior ranks or who left the ADF involuntarily, were less likely to be employed.⁶⁷⁷ This is similar to the results of studies in Canada and the United Kingdom.⁶⁷⁸
675. The most common industries employing ex-serving members are public administration and safety for men, and healthcare and social assistance for women.⁶⁷⁹

Employment is a protective factor against veteran suicide

676. Employment plays an important role in determining the risk of suicide. In Chapter 1, Understanding suicide, we acknowledge that not being employed is known to be associated with death by suicide among those of prime working age.
677. Employment can provide transitioning ex-serving members and their families with autonomy, purpose, connection, community, financial security and stability, and can assist in protecting against homelessness. Employment is recognised as a key contributor to veteran wellbeing in the ADF and DVA Wellbeing Factors, and in AIHW reporting on veteran wellbeing.⁶⁸⁰
678. Research has established that group identity can help transitioning members adjust to civilian life and support their physical and mental health. Employment may help reduce suicide risk during transition.⁶⁸¹ Employment can reduce the risk of homelessness and adverse mental health outcomes.⁶⁸²
679. Participation in other meaningful occupations, such as study or volunteering, can also help ex-serving members recover from service-related trauma, and 'ensure fundamental needs, including mastery, self-expression, and connection to others, are met [in text references removed]'.⁶⁸³
680. Most ex-serving members are employed. About 84% of ex-serving members who separated from the ADF between 2010 and 2014 were either working or engaged in some purposeful activity.⁶⁸⁴ Around 63% were employed, most commonly in government administration (including Defence), mining, construction, transport and storage occupations. Just over 5.5% of ex-serving members had retired.⁶⁸⁵

681. Serving and ex-serving members who died by suicide between 2001 and 2018 were more likely to have been unemployed than other members. In 2017–18, 21% of this group were unemployed at their time of death.⁶⁸⁶ In comparison, only 1% of other serving and ex-serving members were unemployed during the same time period.⁶⁸⁷

23.4.2 Veterans are not adequately supported to transition into civilian employment

682. The Australian Government's Veteran Transition Strategy defines what success looks like for transition employment supports, stating that when support is successful:

veterans and their families are provided with education and professional development that equips them to secure meaningful and sustainable civilian employment or engagement aligned to their individual goals.⁶⁸⁸

683. The evidence before this Royal Commission indicates that although Defence offers a range of employment supports for transitioning members, there are several limitations that continue to act as a barrier to veteran employment. For example:

- the training that members undertake during service is not readily translated into the civilian workplace because:
 - where training matches a civilian qualification, those qualifications are not always awarded
 - not all training is sufficient for the award of a civilian qualification
 - highly specialised military skills are more difficult to connect to civilian jobs
- job readiness supports are fragmented and inconsistent, and there is limited evidence of uptake and whether investment in this area is delivering better employment outcomes for ex-serving members
- ex-serving members need more support to promote their skills and experience and connect with employers, who may have a poor understanding of the value ex-serving members bring.

684. In this section, we explore each of these issues in detail.

685. These shortcomings are not new; they have been identified by successive inquiries and reviews. In 2021, the Interim National Commissioner for Defence and Veteran Suicide Prevention concluded:

Defence needs to reimagine its approach to workforce planning and the learning and professional development of its members to ensure that it is preparing individuals for success in their post-military careers. This should include ensuring early planning for a post-military career, the preparation and development of civilian employment skills, and the formal recognition of qualifications gained in military training and employment.⁶⁸⁹

686. In a similar vein, the Interim National Commissioner recommended that Defence:

- design and deliver military training courses and qualifications so ADF members can attain equivalent civilian qualifications simultaneously
- explore initiatives that better support service members to gain civilian skills and qualifications in their intended post-service career path prior to their transition.⁶⁹⁰

687. Commenting on the Interim National Commissioner's recommendation, Defence stated that it 'has not yet decided on this recommendation'. Defence stated that further consideration would be 'informed by the outcomes of the Royal Commission', plus 'a gap analysis' aimed at determining whether existing services meet the intent of the recommendation and establishing the extent of gaps and opportunities.⁶⁹¹

Military training is not readily translated into the civilian workplace

688. Members undertake significant training during service, and the ADF invests significantly in learning. However, meaningful civilian employment relies on serving ADF members having job-ready qualifications. Completing qualifications during service is important because the majority of ex-serving members leave service within five years of joining, during their prime working years.

689. The Royal Commission heard evidence that despite obtaining valuable skills and experience during their service, ADF members may be discharged without any qualifications that are recognised in civilian workplaces.⁶⁹² This poses a significant barrier to employment.

690. Several witnesses described their experience of separation without qualifications, or of being unable to translate their skills into civilian jobs. Witness BR2 said:

When you are in the military, you are given a rank or a trade. When you are no longer employed by Defence, you are not really trained in anything else, and I can attest to this because I have no qualifications outside of Defence in my 10 years ... essentially, you feel like nothing.⁶⁹³

691. Ms Kate-Frances Duffy, an ex-Navy leading seaman maritime logistics support operator with 10 years of service, stated:

Defence has got their way of training people and [awarding] qualifications. Unfortunately, a lot of those don't transition into the civilian world. So, you could be at the top of your game and have a really good job in the military, but when you come out into civilian world, you are lucky to be a check-out chick because of the qualifications that you are given.⁶⁹⁴

692. Ms Jasmin Carmel, a mother whose son died by suicide, described her son's struggle with the lack of recognition of his skills and experience, and the frustration of having to redo qualifications after his separation from the Army.⁶⁹⁵

693. Commander Gary Wight AM, Officer in Charge of the Navy Personnel Support Unit in the Australian Capital Territory, recognised the scenario as a long-standing 'discussion point'.⁶⁹⁶ He said 'somebody will join the services, they will work really hard, be promoted, do a whole bunch of courses and on leaving, those certificates, those qualifications don't mean much'.⁶⁹⁷

694. Mr Geoff Evans from Disaster Relief Australia told us that 'a lot of people come out of the ADF and they don't realise they have these amazing skills and they don't realise they transfer into civilian life'.⁶⁹⁸ This can make it hard for a member to find a suitable job that uses their skills, which in turn impacts their financial stability and self-esteem:

the big issue with finance problems is that it feeds back into this cycle of despondency and loss of self, 'I used to be someone, now I can't even pay the bills and I'm no good'.⁶⁹⁹

695. This was echoed in submissions from ex-serving members. For example, one wrote that the qualifications that 'enabled [him] to be in charge of the watch in engine rooms and boiler rooms of an aircraft carrier or a guided missile destroyer' were not recognised outside the ADF. He said he experienced a 'total loss of income whilst starting from scratch, re-training'.⁷⁰⁰

696. Some ADF members, such as Navy clearance divers and combat soldiers, have specialised and highly technical military skills that are not readily translated into civilian qualifications. In a submission, a former soldier wrote:

A private rifleman or equivalent has no obvious civilian skills, so following around 8 years' service, he/she leaves the Service armed only with a CV which has been translated into civilian language by the Military Transition system. This document is singularly unimpressive in the civilian world, not because of the authors, but because simply he/she has a lack of civilian skills.⁷⁰¹

697. Another soldier warned that this could mean a sharp drop in income on separation from the ADF:

In comparison to mainstream Army, the combat soldiers are highly paid and highly skilled at what they do. When it comes time to hang up the boots, these soldiers ... are basically unemployable or have minimal transferable skills for employment options in the civilian world.⁷⁰²

698. In a similar vein, the Navy Clearance Diver Trust told us that while Navy clearance divers have transferable skills in leadership and management in addition to specialised skills, they struggled to demonstrate this to civilian employers.⁷⁰³

It is left to transitioning members to pursue recognition of prior learning

699. In a notice to give, the Royal Commission asked Defence whether it is responsible for securing for its members:

civilian qualifications, and civilian recognition of their military qualifications or the education and training they receive during their service in the ADF, including by modifying or supplementing the education or training that is provided to ADF members during their service.⁷⁰⁴

700. Defence confirmed that it is responsible for these matters.⁷⁰⁵ However, this requires members themselves to apply for recognition of prior learning during transition.

701. Under the ADF Transition and Civil Recognition Project, the Australian Defence College maps military training and skills to relevant civil accreditations.⁷⁰⁶ It also funds the award of civilian qualifications to 'validate each member's transferable skills against the national industry standard for those skills, as represented in the qualification.'⁷⁰⁷ Capabilities include 'leadership and management, business, work health and safety, government, security, auditing, material logistics, project management and contracting'.⁷⁰⁸

702. The transitioning member can use these qualifications to demonstrate their skills and experience to potential employers, and/or as credit towards further training and education at TAFE or university.⁷⁰⁹ Since 2019, more than 7,600 qualifications have been awarded to transitioning members under this scheme.⁷¹⁰

703. If a military training course can only be partially mapped to the competencies required for a civilian qualification, 'a member may be supported to complete the gap training and assessment required to obtain the full qualification via the Defence Assisted Study Scheme', which supports eligible ADF members to complete external training and education. Support may take the form of 'financial assistance, work release and release to attend examinations'.⁷¹¹

704. In addition, transitioning members can access up to \$5,320 towards training programs for up to two years after transition.⁷¹² Navy personnel can also apply for assistance through transition support services to help them pursue career options after service.⁷¹³

705. The Director General of the Joint Transition Authority, Air Commodore Kaarin Kooij CSC, stated that Defence will fund the award of two civilian qualifications to recognise training previously undertaken by a member during service.⁷¹⁴ A member may also be entitled to a third civilian qualification if it is 'aligned with their employment transition goals'.⁷¹⁵ The accreditations are granted by Defence as a registered training provider.⁷¹⁶ Air Commodore Kooij indicated that the limitation on the number of qualifications Defence will issue for each member was due to resource constraints.⁷¹⁷ She noted that a member may also receive qualifications as a core part of their service, for example, when a member completes an apprenticeship as a mechanic.⁷¹⁸

706. Vocational training for ADF members is often delivered by external partners. For example, in 2023 Wodonga TAFE was engaged to lead a national network of vocational education providers to provide heavy vehicle and plant machinery and medic training to the Army and Navy.⁷¹⁹ This may be expected to strengthen the alignment between ADF and civilian capability frameworks.
707. Ms Linda Bone, Assistant Director of Transition Operations at the Joint Transition Authority, explained that as part of the transition process, the Australian Defence College:
- [w]ill do a skills mapping of your career and they will look at what is still current. So people who have done training a long time ago may not have current qualifications but they will identify gaps, and Defence currently funds two qualifications for an RPL [recognition of prior learning] process. They can also access career transition training through our Defence force transition process to fill those gaps, but sometimes they would need to redo that training and it doesn't really align with the transition timeline that they may have, as we know sometimes that's quite short.⁷²⁰
708. There are three problems with this approach:
- Civilian qualifications for training undertaken during a member's service are not granted until the point of separation – this is too late.
 - It is up to the member to apply for these civilian qualifications at a time when they may already be overwhelmed by the complexity of transition processes.
 - The number of qualifications awarded is limited and may not reflect the full suite of qualifications a member is eligible for, based on the training they have undertaken.
709. The Interim National Commissioner for Defence and Veteran Suicide Prevention, in the preliminary interim report, recommended that Defence 'design and deliver military training courses and qualifications so that ADF members can design and deliver military training courses and qualifications'.⁷²¹ The Interim National Commissioner emphasised the importance of preparing members for transition throughout their career, rather than waiting until the point of separation when they are under significant pressure.⁷²²
710. Responses to notices suggest that Defence has also made efforts to 'further assist transitioning members where they have worked in capability areas that do not currently receive accreditation, such as military-specific employment categories including infantry soldiers'.⁷²³
711. The approach in the United Kingdom is comparable to current arrangements in Australia. In the United Kingdom, the Army will fund civilian qualifications for training members have undertaken during service. To gain accreditation (or credit towards a higher-education program) the military course is mapped against the standards of the civilian qualification.⁷²⁴ The Air Force also offers:

the opportunity to gain nationally recognised civilian qualifications through the accreditation of RAF education, training and experience. Accreditation-based qualifications may be awarded in full or in part and learning credits may be used to support course fees.⁷²⁵

ADF training is not designed to align with civilian qualifications

712. The Royal Commission repeatedly heard that members are trained to around 75% of the requirements for civilian qualifications. This acts as a barrier to employment after separation. We heard evidence from some serving and ex-serving members who perceive this as a deliberate ADF policy to maximise retention. The Interim National Commissioner also noted this perception.⁷²⁶

713. During Hearing Block 11, Counsel Assisting the Royal Commission put the following suggestion to a panel of Defence transition support personnel:

We have heard repeatedly that a lot of ADF members do get training that takes them to, give or take, around three quarters of a civilian qualification. So they might have three quarters of a Certificate IV in a particular trade and the training stops, giving rise to the allegation that it is actually a deliberate policy or practice to enhance retention, that they can't get out.⁷²⁷

714. Squadron Leader Carmel Pako, Officer in Charge of Member Support Coordination in the Air Force said '[it's] the first time in my 35 years that I've ever heard that'.⁷²⁸

715. But Commander Wight, and Major Tony Venables, Operations Officer for the Transfer and Transition Detachments in the Army, confirmed they had heard the 'suggestion' of such a practice.⁷²⁹ Ms Bone added:

[T]here is a perception that there are gaps in the training that they are provided [with] that relates to qualifications, that definitely causes them trouble in trying to get it recognised, yes.⁷³⁰

716. This perception is echoed in submissions from ex-serving members and their families. For example, one ex-serving member told us:

I found that my service qualifications which enabled me to be in charge of the watch in engine rooms and boiler rooms of and aircraft carrier or a guided missile destroyer, amongst other duties, would not be recognised in civilian life. Only the most basic trade qualification was accepted. This appeared to be an undisclosed agreement between the Commonwealth, the RAN [Royal Australian Navy] and the Merchant Marine so there could be no transition to equivalent positions and better paying jobs.⁷³¹

717. A parent reflected on the experience of their son who died by suicide after leaving the Navy:

My son ... was in the Navy for 12 years. He joined as an 18-year-old ... He always spoke of the fact that his qualifications were not recognised outside of the Navy. This caused him a lot of worry. When he left the Navy he didn't work for a year. He found it very hard to transition to civilian life.⁷³²

718. The panel of Defence transition support personnel confirmed that ADF training is designed to meet the capability needs of the ADF, rather than the future needs of ADF members after separation. Commander Wight told the Royal Commission:

we train our people to perform the duties and meet our capability requirements within Defence. Should we take a more, you know, active approach in setting somebody up for future employment if they choose to transition out of the Navy or they, unfortunately, you know, involuntarily leave, but, yeah, just to be very clear, we train our people to do the job we require them to do.⁷³³

719. Similarly, Defence confirmed in a response to a notice:

Defence does not typically modify or supplement military education and training in order to meet civilian qualifications, unless there are legislative, regulatory or mutual recognition requirements. An example of legislative or regulatory requirements driving a need to modify and/or supplement training is aviation technical airworthiness and the licencing standards for technicians.⁷³⁴

720. The panel of Defence transition support personnel was asked whether, in light of that evidence, they could see any reason why a policy could not be adopted whereby 'the ADF should pick up the tab and complete the training so that the person gets a civilian qualification?'⁷³⁵ Commander Wight acknowledged:

We have an obligation to our servicemen and women to position them in the very best place, the very best way that we can, when they transition. We've asked them to do a very, very difficult job over many years.⁷³⁶

721. Commander Wight stated that 'there are already mechanisms in place to do some of that' and 'an extra effort in that space, I think would be welcomed'.⁷³⁷ However, he indicated that this would require additional resourcing.⁷³⁸

722. The Hon Daniel Andrews, then Premier of Victoria, suggested that mutual recognition arrangements to recognise trade licensing or registration across states and territories could provide a model for the recognition of military skills and experience in the civilian world.⁷³⁹ We note that Victoria is currently piloting a program at Wodonga TAFE in which veterans would receive recognition of prior learning.⁷⁴⁰

723. A representative of the Victorian Department of Families, Fairness and Housing said Victoria had begun a 2-year pilot program to translate military qualifications into a civilian context. Where there is a gap, he noted, 'micro-credentialling' may be required

to 'make it parity'.⁷⁴¹ The effectiveness of the pilot will be evaluated to assess whether participants are achieving employment outcomes and how significant employers consider the qualifications gap to be.⁷⁴²

724. The representative noted that an alternative way to translate military skills and experience into a civilian context:

[i]s that Defence themselves could furnish people with qualifications that are well recognised in a civilian context immediately upon transition. In some cases I think that happens, but I don't think it's universal. This pilot seeks to address that gap.⁷⁴³

University recognition of ex-serving members' prior learning is limited

725. Universities have improved their recognition of ex-serving members' prior learning and their support for transitioning members in recent years, but this remains highly variable.⁷⁴⁴ A small number of universities offer veteran-specific entry pathways – with additional training to lock in academic skills and prepare for the different culture – or other supports such as scholarships, mentoring and peer support networks.⁷⁴⁵
726. The Australian Catholic University and Charles Sturt University use rank and length of service to allocate ex-serving members an Australian Tertiary Admissions Rank (ATAR) to facilitate entry into a range of degree courses. Ex-serving members may also be able to obtain credit for ADF training towards a degree.⁷⁴⁶ The Australian Catholic University will also develop a platform, the Five2Study App, to support ex-serving members' transition into higher education by providing interactive resources, health support and connection to the university's veteran peer network. DVA supported development of the app with a \$150,000 grant in 2023.⁷⁴⁷
727. However, an assessment of support for ex-serving members across the sector concluded that 'despite recent progress, at the majority of Australian universities, entry requirements for military veterans are the same as for other adult learners'.⁷⁴⁸
728. The Australian Student Veterans Association is 'taking a leading role in negotiating an ATAR based on military rank and experience'.⁷⁴⁹ This conversion system has been successfully adopted in Queensland (since 2020), New South Wales, and the Australian Capital Territory (since 1995). The Australian Student Veterans Association is advocating for a nationally consistent admission schedule.⁷⁵⁰ It is also working to map Defence training courses to university courses to enable universities to award credit towards them.⁷⁵¹
729. We commend the Australian Student Veterans Association for instigating this work and we urge state and territory tertiary admissions centres, DVA, the Australian Government Department of Education and universities to collaborate on a national solution.
730. In the United States, the Servicemen's Readjustment Act 1944 (known as the GI Bill of Rights) provides much more transition support for education, including fully funded degrees, a living stipend during study and the ability to transfer benefits to spouses.

There is also more institutional support for student veterans in the United States, including targeted outreach, academic support, counselling, academic credit for military training and experience, and financial assistance.⁷⁵² An increasing number of ex-serving members and their families have enrolled in higher education in the United States as a result.⁷⁵³

731. In the United States, surveys indicate that money for college is a key part of the decision to enlist.⁷⁵⁴ However, a 2017 study found that members lacked detailed knowledge of the benefits available to them and that improving educational benefits after the terrorist attacks of 11 September 2001 did not significantly increase recruitment.⁷⁵⁵
732. In Canada, ex-serving members can access an education and training benefit for up to 10 years after separation. The value of the benefit increases with years of service and can be as much as C\$80,000. The benefit may be used towards university or vocational education, or career and personal development short courses that support meaningful activity and purpose.⁷⁵⁶
733. The Australian Government needs to take a stronger role in leading and coordinating recognition of prior learning and veteran supports in the university sector.
734. The Australian Government's new Veteran Recognition of Prior Learning – Tertiary Support Grant Program will provide \$1.65 million to universities over three 1-year grant rounds 'to better establish or enhance recognition of prior learning frameworks to reflect the skills and knowledge veterans gain during their service', to enable 'veterans who want to pursue a university education to do so more easily'.⁷⁵⁷
735. Although this investment is welcome, the approach remains piecemeal, leaving individual universities with all the responsibility and no systemic solution. It also does not include vocational training organisations, such as TAFE institutes.
736. The Veteran Recognition of Prior Learning – Tertiary Support Grant Program should be evaluated to:
 - assess what change it has catalysed across universities
 - identify leading practices that could be replicated across universities
 - determine whether the program has contributed to better employment outcomes for ex-serving members
 - assess whether there is a need for greater Australian Government leadership in this space.

Opportunities to improve recognition of prior learning

737. There are a number of opportunities to better support ex-serving members to obtain employment, by giving them the evidence they need to demonstrate the skills and experience they have developed during service.
738. The first and most simple relates to timing. Currently, recognition of prior learning is available at separation, or for up to 2 years after separation.⁷⁵⁸ The reason for this deadline is unclear, although it does align with the availability of other transition supports.
739. Extending the time period within which ex-serving members could obtain civilian recognition for in-service training would enable them to turn to the process when they are ready and able. This could be particularly valuable for members separating involuntarily for medical reasons, who may need to prioritise health issues before dealing with recognition of prior learning.
740. If training was undertaken a number of years previously, it may be necessary for a veteran to undertake bridging training to bring their capabilities up to date. This issue may be exacerbated by a longer timeframe to access recognition of prior learning. The ADF should bear the cost of any such bridging training.
741. We discuss the timing of employment supports further in section 23.4.2.
742. Another opportunity is to formally recognise skills obtained through on-the-job learning, which do not currently result in a qualification.
743. In July 2023, the Australian Government announced that Defence has committed to ‘enhance their recognition of prior learning program, to improve both the assessment of skills, and granting of micro-credentials for the vocational skills that ex-serving members acquire during service’.⁷⁵⁹
744. Defence stated that the ADF Transition and Civil Recognition Project:
- commenced in November 2017 [and] has undertaken extensive analysis across the three services to identify transferable skills across ranks within these areas. This data is currently being aggregated to identify common skill sets that can be awarded on transition. These skill sets can contribute to further recognition towards VET [Vocational Education and Training] or Higher Education qualification pathways to support the transitioning member’s chosen endeavour.⁷⁶⁰
745. This is a promising initiative to ensure that members are not discharged without any qualifications or record of skills obtained. However, it will be important to ensure that the ‘micro-credentials’ produced are readily understood by civilian employers. They should also be available before separation and provided automatically to transitioning members with no need for the member to apply or follow up.

746. The current system for issuing civilian qualifications to reflect training already undertaken is cumbersome and prevents transition support people from responding to the needs of transitioning members. There is clearly appetite for improvement.
747. Commander Wight suggested that the process of issuing civilian qualifications could be automated, rather than requiring the transitioning member to instigate the process at a time they are overwhelmed by competing priorities:

During that transition process, particularly those that are going through an involuntary transition, it is a very, very difficult time in their life and there's a lot of tasks they have to do and they're not thinking – many of them aren't thinking future employment.

So what I was suggesting was that we, as an organisation, understand the training and the qualifications that they have obtained whilst in service. That should be an automatic thing, that they be provided those certificates and awarded those qualifications on transition and not place it back on the individual to trigger that process and work that process.⁷⁶¹

748. Ms Bone from the Joint Transition Authority concurred 'that the process could be more automated and more friendly for the members to go through during that period of transition'.⁷⁶²
749. A similar proposal was floated in a feasibility study commissioned by Defence into the mandatory transition course discussed in section 23.3.2. The study suggested that:
- services could relieve some of the anxiety associated with [recognition of prior learning] by automatically granting qualifications and skills on attainment or pushed from service personnel management organisations on commencement of transition. Further services could provide a letter of recommendation (signed by the Service Chief) on transition in most instances.⁷⁶³
750. We accept that, under the current framework, where ADF training and qualifications do not align with or only partially fulfil civilian qualifications, it would be difficult to automate recognition of prior learning.
751. However, if ADF training and qualifications were designed from the outset to align with civilian qualifications, this would enable a more efficient service that better meets the needs of transitioning members during a period of heightened risk and contributes to improved employment outcomes over time.
752. Not all military qualifications will have a civil equivalent, as some military skills are highly specialised. However, many will and should be fully transferable.
753. Currently, this level of alignment is most readily achieved when military training is aligned with Australian Qualifications Framework qualifications, and an external provider delivers both civilian and military training and accreditation. Under these circumstances, Defence noted that civilian qualifications can 'normally' be issued within 30 days of course completion.⁷⁶⁴

Recommendation 83: Increase opportunities for members to gain civilian qualifications from Defence training and education

Defence should expand the objective of its education and training policies and programs from a sole focus on Defence capability requirements to include member lifetime wellbeing. Specifically, Defence should:

- (a) commencing 1 July 2025, issue all civilian accreditations for Defence training at the point of completion of the requisite training, rather than at the point of transition from service
- (b) remove arbitrary limits on the number of civilian qualifications that may be awarded to a member in recognition of Defence training they have completed
- (c) 'fill the gap' between Defence and civilian training (where an equivalent civilian qualification exists), either by expanding the content of the Defence training course or by funding bridging training for members prior to separation.

Job readiness supports are fragmented and inconsistent

754. The Australian Government has made significant improvements in its transition employment and career supports since 2017. In particular, we welcome the introduction of more targeted supports for ex-serving members who are at greater risk of suicide and suicidality, including those who are medically discharged.
755. However, there is no evidence that the proliferation of programs, support people and budget announcements is making a measurable difference for ex-serving members. Many of the programs are small in scale, potentially duplicative and superficial. They sit alongside employment supports provided by states, territories and ex-service organisations, but there appears to be no overarching strategy or governance to ensure these interventions are coherent and complementary. There is little monitoring, reporting and evaluation to identify the most effective approaches and spread those learnings across the sector.

Current transition employment supports

756. All transitioning members are entitled to employment and career supports, including coaching, referrals to specialised employment and career services, and recognition of prior learning.
757. Joint Transition Authority transition coaches develop a transition plan for each member, which includes the relevant services available to the member.
758. The ADF Transition Program includes a range of employment support and career training programs. Transition coaches offer these supports on a referral basis if the coaching conversation identifies it is appropriate.⁷⁶⁵ The needs of each transitioning

member are identified through a Transition Preparedness Questionnaire (TPQ) offered at various points before and after the member's final transition date.⁷⁶⁶ We consider the role of transition coaches and the merits of the TPQ in section 23.2.

759. Additional supports are available for vulnerable cohorts, including those who are medically discharged after only serving for a short period of time. The key programs are Transition for Employment for medical separations, and the Personalised Career and Employment Program for early leavers including those who separate involuntarily for medical or administrative reasons.
760. Transition for Employment and the Personalised Career and Employment Program each offer ADF members a coach, in addition to the transition coach provided through the Joint Transition Authority and other support people. We discuss the complexity of this network further in section 23.2.

Uptake of employment supports by transitioning members

761. Although there are a range of employment supports on offer, the extent to which transitioning members participate in these programs is unclear.
762. Transitioning members are not required to participate in support programs and many choose not to for a variety of reasons. This may be because they are overwhelmed by the number of processes they have to engage with during transition, they do not feel the immediate need for employment services or they do not trust that the service will be of value.
763. DVA-sponsored roundtables held in the lead-up to the Australian Government's Jobs and Skills Summit identified that the under-utilisation of some existing training programs may be due to:
- veterans being focused on other priorities in advance of transition; not identifying a need for additional support and/or the communication channels and methods used to promote these services. Personal networks and word of mouth were viewed as the most effective communication channels.⁷⁶⁷
764. We sought data from Defence on the uptake and use of current transition employment and career programs, training and modules, with the aim of exploring:
- whether members were taking up referrals made by ADF transition coaches
 - whether use of these supports had increased following the 'transformation' of transition
 - how many members secure employment within 3, 6 and 12 months of separation, or are otherwise engaged in goal-driven education
 - to establish, for example, how many of the 'six new meaningful engagement and social connectivity modules in the [Career Transition Coaching] offering' members had accessed.⁷⁶⁸

765. Defence provided us with data on subjective ratings of how effectively the transition coach, Job Search Preparation Workshop, Approved Absence Program and Career Transition Coaching Program helped members achieve 'post-transition goals'. These ratings were drawn from members' Post-Transition Survey responses between 2017–18 and 2022–23.⁷⁶⁹
766. Defence was unable to tell us how many members had used the Career Transition Coaching Program, as this was not addressed in the Post-Transition Survey. This data is only available from March 2023, when Defence implemented a new information management system to provide 'relevant' and 'required' data.⁷⁷⁰
767. Defence provided data on referrals to the Personalised Career and Employment Program and Transition for Employment. However, the data is inadequate to allow for proper evaluation.
768. For example, in reporting the total number of referrals to the Personalised Career and Employment Program since 2019 (n = 1,111), Defence included members whose status was described as 'program withdrawn' (n = 28), 'declined services' (n = 106) and 'unresponsive to contact' (n = 92).⁷⁷¹ If those three categories of members were subtracted from the total, there were 888 referrals in four years, or on average 222 member referrals each year, out of approximately 6,500 who transition out of the ADF each year.⁷⁷²
769. Members described as 'employed or meaningfully engaged' in February 2023 (n = 576) were included in the total number of referrals. These were defined as 'member has landed employment or meaningful engagement during the program (work, study, voluntary)'⁷⁷³ and amounted to 113 per year since 2019, when data collection commenced.
770. However, none of the information provided gives us a clear picture of uptake and use across the ADF Transition Program. If the data provided is a complete picture of the data collected by the Joint Transition Authority, it suggests the Joint Transition Authority is unable even to assess the uptake and use of the reformed ADF transition program, let alone whether it is delivering positive employment outcomes for transitioning members.

Effectiveness of transition employment supports

771. As with the poor data on program uptake, there is limited evidence of the effectiveness of the current suite of transition employment supports.
772. In our view, transition employment supports would be deemed 'effective' if they:
- targeted the people who need the most support, and were delivered at the time those people could make best use of those supports
 - recognised the autonomy and agency of the transitioning member, while giving them the information, advice and tools they need to navigate the job market

- did not push the cost and onus for filling gaps between ADF training and accreditation and civilian qualifications onto transitioning members
- engaged the support networks of transitioning members, with roles for family, peers and employers
- were based on evidence indicating which kinds of interventions have the greatest positive impact for ex-serving members, especially those most at risk of suicide and suicidality.

Wraparound services

773. The Interim National Commissioner for Defence and Veteran Suicide Prevention, in her preliminary interim report, recommended that Defence ‘explore initiatives that better support service members to gain civilian skills and qualifications in their intended post-service career path prior to their transition’.⁷⁷⁴

774. The Productivity Commission, in its report *A Better Way to Support Veterans*, recommended that DVA offer education and vocational training to ADF members upon their transition, and trial an ‘education allowance’ to provide a source of income for ex-serving members who wish to undertake full-time education or vocational training.⁷⁷⁵

775. DVA conducted a pilot program, Maintaining Incapacity Payments for Veterans Studying (also known as the Step-up to Incapacity Payments for Veterans Studying pilot), that provided income support to eligible ex-serving members. They would receive:

incapacity payments based on 100% of their normal pre-injury earnings, where that member was engaged in a DVA rehabilitation program and, as part of that program, was undertaking full-time study to assist them in securing ongoing meaningful employment after their ADF service.⁷⁷⁶

776. The pilot was initially funded to run from 1 November 2018 until 30 June 2022. It was extended another year to 30 June 2023, but no further.⁷⁷⁷

777. There is limited information about the outcomes of the pilot and why it was discontinued. Data collected by DVA indicates that between 1 November 2018 and 1 June 2020, approximately 450 ex-serving members were approved to undertake study as an activity in their rehabilitation plan. This did not include ex-serving members studying as part of their rehabilitation plan who were not in receipt of incapacity payments (approximately 100) or ex-serving members studying part time.⁷⁷⁸

778. DVA also identified a 2-year Non-Liability Rehabilitation Pilot that started on 1 January 2022. The pilot ‘provide[s] timely access to vocational and psychosocial rehabilitation to transitioning ADF members and other veterans who have an identified need, without the requirement to have lodged a compensation claim’.⁷⁷⁹ DVA plans to review the effectiveness of the pilot in improving participant wellbeing.⁷⁸⁰

779. TAFE NSW's Ranks to Recognition program supports ex-serving members and their partners to transition into the civilian workforce. It offers a wraparound service including careers advice, skills assessment, credit transfer, recognition of prior learning and training gap analysis, to identify skills and knowledge acquired in the ADF and the pathway to obtaining civilian qualifications. Participants can also access TAFE NSW support services, including counselling, disability services and study support.⁷⁸¹
780. Participants can access fee-free training, funded by the NSW and Australian governments. This includes full and part qualification courses in a range of industries and locations across NSW. Members can use this training to bridge the gap between ADF training and civilian qualifications, or to learn new skills.⁷⁸²
781. Between January 2021 and 31 October 2022, 487 ex-serving members were referred to the Ranks to Recognition program.⁷⁸³
782. This model of vocational service delivery could be expanded to ensure all ex-serving members have access to the same level of support regardless of where they live.
783. Commenting on the Ranks to Recognition program, the Interim National Commissioner said:
- This is promising and I support it continuing. However, it would be preferable to see the Australian Government lead and roll out such programs nationally to ensure that all veterans can access skill development and retraining opportunities.⁷⁸⁴
784. This model of service delivery appears to be promising and we urge the NSW Government to share evaluation findings with the Australian Government and other states and territories to inform future program development.

Ex-serving members need support to promote their skills and connect with employers

785. The Royal Commission has heard evidence that some ex-serving members encounter a lack of recognition and respect for their service from civilian employers. Some employers hold negative perceptions about ex-serving members and this stigma can feel like yet another barrier ex-serving members must overcome. These employers do not understand or value the skills and experience that ex-serving members bring to the civilian workplace.
786. Dr Kieran McCarthy, a former Army doctor who provides health care to ex-serving members, stated that 'employers don't want to employ [ex-serving members] because 60 Minutes tells them they are broken and crazy, and it's a real struggle moving forward'.⁷⁸⁵
787. Professor Christine Stirling, Head of the School of Nursing at the University of Tasmania, gave evidence about consultations conducted by the university on behalf of DVA. The evidence showed that in general terms, 'people don't want to employ veterans'.⁷⁸⁶

788. The National Mental Health Commission's 2017 report, *Review into Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, indicated:

Some ADF members report they feel that the skills and training they acquired during service are not relevant to employment in the civilian workforce or not understood or valued by civilian employers, and that there is a perception that former service personnel are 'damaged goods'.⁷⁸⁷

789. DVA provided us with research into public perceptions of the ADF, ADF personnel and ex-serving members. This research found that members of the public and employers associate serving ADF members with words such as, 'disciplined', 'loyal', 'hardworking' and 'capable'. In contrast, they associate ex-serving members with words such as 'struggling', 'sad/lonely', 'PTSD' and 'broken'.⁷⁸⁸

790. This is consistent with findings from overseas jurisdictions. Surveys in the United Kingdom demonstrated mixed views about ex-serving members in the broader society, including a common perception that ex-serving members are physically or mentally damaged.⁷⁸⁹

791. DVA roundtables held in the lead-up to the Jobs and Skills Summit suggested that this stigma may also extend to families of ADF members. They found:

[p]erceptions of employers around ADF family members being 'job hoppers' and [questions about] the ability to retain an employee for longer than a posting cycle, in addition to the possible requirements for flexible hours of an ADF family employee.

792. These may pose a barrier to family members obtaining employment.⁷⁹⁰

793. The DVA roundtables also indicated that:

Education and support is required for employers who are unfamiliar with military service to better understand the translation of skills and attributes to the workplace and how to constructively integrate and support veteran community culture.

While there are known actions that support veteran employment, such as mentoring, there is also a need to ensure these processes are positive and constructive for the individuals involved.⁷⁹¹

Promoting the benefits of hiring ex-serving members

794. A review of current research into veteran employment conducted by the University of the Sunshine Coast on behalf of DVA highlighted:

the opportunity to move away from a deficit perspective that dominates current research, to take a strengths-based approach and identify the positive attributes and potential contributions to be made by veterans in civilian workplaces.⁷⁹²

795. The Australian Government promotes the Australian Defence Veterans Covenant, through which businesses and community groups can recognise the service of current and former ADF members. Under the covenant, employers are encouraged to sign a Veterans Employment Commitment to:

- recognise the skills and values that veterans can bring to [their] organisation;
- support the employment of veterans, ensuring that veterans have equal opportunity in gaining employment with [their] organisation;
- aim to provide career opportunities in [their] organisation to veterans;
- actively seek to understand how veterans' skills and experience can translate into civilian skills and contribute to [their] organisation;
- provide suitable training, mentoring and coaching to veterans to assist their integration into [their] organisation; and
- ensure our HR [human resources] policies equitably support the recruitment and retention of all employees, including veterans.⁷⁹³

796. Signatories to the covenant are listed online, but are not required to take any particular actions. No specific supports are provided to help signatories implement their commitment.

797. The Australian Defence College has resources to help employers to understand the skills and attributes that ex-serving members bring to the workplace.⁷⁹⁴ However, Ms Linda Bone from the Joint Transition Authority noted: 'I don't know how many civilian employers have those resources'.⁷⁹⁵ Joint Transition Authority transition coaches can provide transitioning members with skills guides and training to help them translate their own military experience into a civilian workplace context.⁷⁹⁶

798. In July 2023, as part of the Veterans Employment Program, the Australian Government announced two measures to better inform employers about the skills and experience ex-serving members bring, and to outline how employers can support veteran recruitment and retention. These measures are:

- an advertising campaign to be launched in 2024, promoting 'the great benefits veterans can bring to the civilian workforce'⁷⁹⁷
- a Recruitment Advisory Service for Employers of Veterans Grant Program, which will provide a single grant of up to \$800,000 over three years.

799. This funding will enable the grant recipient:

to provide advice, support the development of tailor-made policies and procedures for workplaces, and create a range of products to enhance veteran recruitment and retention ... [and to] provide better support for employers who wish to create veteran-friendly workplaces where veterans can perform at their best.⁷⁹⁸

800. On 27 November 2023, the Minister for Veterans' Affairs, the Hon Matt Keogh MP, announced that the Recruitment Advisory Service for Employers of Veterans will be provided by the Australian Catholic University.⁷⁹⁹
801. We welcome the Australian Government's efforts to address community attitudes towards ex-serving members, particularly the poor understanding of the value these individuals can bring to the workplace. However, we question whether the very small scale of these initiatives will deliver a significant impact on outcomes for ex-serving members.
802. There is a further opportunity for employers to share successful strategies for bridging cultural differences and supporting veteran applicants to demonstrate their skills and experience. A representative of Veterans SA told us that the problem is a lack of information on how to employ ex-serving members, rather than an unwillingness to do so.⁸⁰⁰ To address this, she said South Australia is establishing an employer network that will meet face to face four times a year to 'share lessons learned, provide information on what worked for them, what didn't ... [and] where they see that they get their veteran pool from'.⁸⁰¹
803. For example, in DVA roundtables, participants identified that when:
- employers see the value proposition of veteran employment, many have attempted to address these issues by undertaking capability mapping, providing warm handovers or information sessions and/or amending their recruitment processes.⁸⁰²
804. The international literature suggests that effective veteran employment supports include a supportive manager or other support person; a dedicated ex-serving members' group in the workplace; and mentoring programs.⁸⁰³
805. The Australian Government could play a leading role in facilitating peer-to-peer communication among employers and investing in research to identify best practice for supporting ex-serving members in civilian workplaces.

Incentives for employers

806. Incentives should be targeted so they address the known barriers to veteran employment. For example, a jurisdiction may identify that members of its veteran community find it hard to get an interview or demonstrate their skills in an assessment, or that employers are put off by gaps in capabilities that require further training. In this case, incentives could be tied to employers taking proactive steps to interview ex-serving members, design assessment tasks so they are relevant to military experience or provide training to fill capability gaps after employment begins.
807. A number of jurisdictions use incentives to encourage employers to employ ex-serving members. However, there is limited evidence on whether these interventions support ex-serving member recruitment and retention over time.

808. The Victorian Government offers a \$20,000 wage subsidy through the Jobs Victoria Fund for businesses that employ ex-serving members who have been out of work or under-employed.⁸⁰⁴ In November 2021, the Victorian Government also committed to providing 100 new construction jobs over 2 years for ex-serving members and their spouses under the Jobs Victoria Veterans in Construction initiative, delivered in partnership with the Department of Families, Fairness and Housing.⁸⁰⁵
809. Incentives do not need to be financial. Under the Employer Recognition Scheme in the United Kingdom, the government gives gold, silver and bronze awards to private and public sector organisations for their contribution to the armed forces. This contribution can include recruiting ex-service personnel and committing to support reservists.⁸⁰⁶ Similarly, the Australian Government recognises organisations that ‘make significant contributions to the employment of veterans and veteran partners, as well as celebrating the achievement of individual veteran and partner employees and entrepreneurs’ through the Prime Minister’s National Veteran Employment Awards.⁸⁰⁷
810. In addition, employers in the United Kingdom are not required to pay National Insurance contributions for ex-serving members in their first year of civilian employment.⁸⁰⁸
811. Since 2021, the United Kingdom requires tenderers for government contracts to demonstrate how they will deliver ‘social value priorities’.⁸⁰⁹ Social impact is worth 10% of the overall procurement score and incorporates elements relevant to veteran employment, including ‘employment or apprenticeship/training opportunities’ and ‘activities that promote cohesive communities’.⁸¹⁰

Establishing employment pathways into key industries

812. Ex-serving members are most commonly employed in public administration and safety, mining, healthcare and social assistance.⁸¹¹ This may be because military skills and experience are more easily translated into these roles, or due to programs designed to establish clear pathways into these industries for ex-serving members.
813. For example, TAFE Queensland has partnered with mining contractor McMahon and veteran recruitment agency Ironside Resources to help ex-serving members transition into mining jobs in Queensland and Western Australia. The program identifies ex-serving members with heavy commercial vehicle trade qualifications, and trains them in mobile plant technician skills. This aims to address gaps between ADF qualifications and those required in the mining sector, creating a win-win situation.⁸¹²
814. The cost for ex-serving members undertaking TAFE training may be offset by the Queensland Government Defence to Civilian Success Training Program, which provides free training and apprenticeships for up to 300 ex-serving members in Queensland.⁸¹³ The Queensland Government allocated \$1.1 million to this and a new mentoring program to support ex-serving members with employment in the Queensland public service.⁸¹⁴

815. Other programs aim to upskill ex-serving members so they can pursue non-traditional career pathways. For example, the Queensland Government Veterans Digital Capability and Skilling Program offers ‘taster’ workshops and bootcamps for ex-serving members and their families, to build their skills in cyberspace, digital media, data analytics and coding to address workforce shortages.⁸¹⁵

816. Technology companies Amazon Web Services (in partnership with Queensland TAFE) and Microsoft also offer funded training opportunities in cloud computing for ex-serving members.⁸¹⁶

817. The Victorian Government Veteran Employment Program has linked more than 1,000 ex-serving members with infrastructure jobs in Victoria.⁸¹⁷ The Hon Daniel Andrews, then Premier of Victoria, commented:

[I]t seems to me that the Commonwealth Government through the ADF invest enormous amounts of money in ADF personnel in training them up. We’re then more than pleased to snap them up afterwards and try to provide matching services ...⁸¹⁸

[W]e have a labour shortage crisis across our country at the moment and we’d all be better placed if people could transition more easily from Defence Force service to the private sector or, indeed, the public sector.⁸¹⁹

818. Mr Andrews suggested this could be facilitated through better and more proactive pathways to recognise military skills that can be applied in the civilian workplace, and further training to fill any skill gaps:

it doesn’t mean that there’s necessarily an automatic recognition and a direct equivalence between what you’ve done in-service and what you would do beyond. There might be a need to adapt or update. But, again, we should be helping to manage people with that. We should be doing everything we can to see those people transition into employment.⁸²⁰

819. We believe there is value in establishing employment pathways before separation. In a joint submission, Suicide Prevention Australia and Mental Health Australia called for ‘a systemic shift in how defence personnel are trained and prepared for life after service, with awareness that the majority of Defence personnel do not spend their full career in the military but go on to employment in other fields’.⁸²¹ They cited stakeholder support for ‘supporting connections with the non-military workforce, for example through training with first responders or in upskilling through public education institutions’.⁸²²

820. Work experience may offer another pathway into employment, or at least an opportunity for members to test out career moves before making a commitment, and learn about civilian workplace culture.

821. In the United States, the Department of Defense SkillBridge Program supports service members to gain civilian work experience through specific industry training, apprenticeships or internships during the last 180 days of service.⁸²³

Participants continue to receive military compensation and benefits, and employers provide training and work experience. With the approval of their commanding officer, members can be granted up to 180 days of leave to undertake the program.⁸²⁴

822. SkillBridge industry partners ‘must offer a high probability of post-service employment with the industry partner or other employers in a field related to the opportunity’, although participants are not entitled to a job with the employer post discharge.⁸²⁵
823. Similarly, in the United Kingdom, members can undertake a Civilian Work Attachment at any time in their last 2 years of service. This unpaid work experience with a civilian employer allows members to gain an insight into a particular employer or industry, access training and experience, and make time to plan for transition. The placement may be for 1 day to several weeks. The British Armed Forces continues to pay the member’s salary (and any allowances) during this period as part of its resettlement program.⁸²⁶
824. While the United States is a very different context (with many more service leavers every year and a clear legislative framework for supporting ex-serving members), the key characteristics of the US SkillBridge and UK Civilian Work Attachment models should be of interest to Australian policymakers. Specifically, we highlight the value of:
- embedding civilian experience before separation
 - retaining military pay and benefits during placement
 - creating active roles for civilian employers.
825. We strongly encourage states and territories and the private sector to continue developing industry-specific partnerships that support ex-serving members to transition into areas with skills shortages.

Ex-serving members need better tools to promote their skills and experience

826. One element of transition out of the ADF into civilian life is having to take responsibility for employment decisions. Ex-serving members need to understand and articulate their skills and experience so they can position themselves in the job market.
827. The ADF holds much of the relevant information. Although it is important to preserve the ex-serving member’s agency to pursue their own, there is a lot the ADF could do to provide information on a transitioning member’s skills and experience so they could use that information in the civilian job market.
828. Mr Steven Hill, who, as of August 2023, was soon to transition out of the Army, said ‘having a reference coming out of Defence would be very helpful for ongoing employment ... based on your service’.⁸²⁷ We agree members would benefit from a succinct statement of their most recent skills and experience in the ADF prepared by a person with firsthand knowledge of the contribution they have made. This may

be particularly important if a member separates without formal qualifications, or their supervisor is not available to provide a reference on request to prospective civilian employers.

829. Defence noted that in the Navy, on transfer from full-time permanent service to the Reserves, each member receives their 'Record of Training and Employment' issued by the Defence registered training organisation.⁸²⁸
830. All members separating from the ADF should be able to access a record of their ADF and civilian qualifications, and of their skills and experience obtained during service. A March 2024 update to the Defence/DVA Links Steering Committee indicated that the Joint Transition Authority is working to deliver 'testimonials' and 'Certificates of Service', which may help to fill this gap.⁸²⁹ We also acknowledge the Government's commitment to issuing 'micro-credentials', which may perform a similar function.
831. This would be supported by the implementation of Recommendation 83, to automatically issue civilian qualifications for training undertaken during a member's service.
832. It is important that any reference produced by the ADF reflects the individual skills and experience of each member, and is not a standardised form. Where possible, references should include a personalised statement from the member's commanding officer on the capabilities the member demonstrated in their most recent role. Commanding officers should make themselves available to provide further information to prospective civilian employers as part of a reference check process.

There is a disconnect between employment in the ADF and the public sector

833. We want to see clear pathways for members leaving the ADF that lead into other public sector jobs. We do not know how many ex-serving members are employed in the public sector in Australia, but some governments collect indicative data.
834. Since 2017, the Australian Public Service Employee Census has allowed people to identify themselves as a 'veteran', which is defined as 'past and present ADF members who are employed as Australian public servants'.⁸³⁰ The Australian Public Service Commission published a detailed analysis of survey data in 2017, when 6% of APS employees who responded had self-identified as veterans.⁸³¹ This is notably more than the proportion of the Australian population (around 2%) who identified as veterans in that year's general Census. This is in contrast to the United States, where veterans make up approximately 30% of federal government employees, and around 6% of the population.⁸³²
835. The proportion of Australian Public Service employees who are veterans may be higher, noting that some veterans may have opted not to self-identify.

836. In 2017, the most common types of work for veterans in the Australian Public Service were compliance and regulation (14.3%), service delivery (10.8%), administration (10.7%) and project and program work (10.2%).⁸³³ At that time, nearly 60% of veterans in the Australian Public Service were aged 45 to 59 years.⁸³⁴
837. In the Australian Public Service, veterans were more likely to have vocational, associate and undergraduate diplomas than non-veterans in the Australian Public Service. They were less likely to have obtained bachelor's degrees and doctorates than non-veterans in the Australian Public Service.⁸³⁵
838. In this dataset, recently separated members represent a minority of the Australian Public Service veteran workforce. The majority (62.7%) of Australian Public Service employees who identified as a veteran last served more than 11 years ago. Only 24.8% had served in the last 10 years, and 12.6% were still serving in some capacity.⁸³⁶ This suggests that more could be done to establish pathways into the Australian Public Service for recently separated ADF members.
839. Victoria also collects data on the number of ex-serving members employed in the public service. A representative of the Victorian Department of Families, Fairness and Housing said there are 1,287 ex-serving members known to be working in the Victorian Public Service.⁸³⁷ This is a very small proportion (0.4%) of the 354,800 people employed in the Victorian public sector in June 2022.⁸³⁸ However, as with the Australian Government's survey data, it may underestimate the number of ex-serving members actually employed.

Public sector employment programs

840. Neither 'veterans' nor 'ex-serving members' are mentioned in the Australian Government's key strategy for development of the public sector workforce, *Delivering for Tomorrow: APS Workforce Strategy 2025*.⁸³⁹
841. Mr Steven Hill, who was about to transition out of the Army, suggested that ex-serving members could be better connected to job opportunities in the Australian Public Service:

Another avenue could also be the APS as well, and streamlining our abilities for ex serving people to transition straight into the APS would be highly beneficial to both Defence as well as to the individual ... There is nothing precluding that but if you can streamline the process of making it happen, and the example I give is that within the APS a lot of jobs come up first as an expression of interest for other APS personnel to apply for. If you could have people – ADF people that are transitioning, having the ability to apply for those positions as well, as an expression of interest, and be in the pool for that expression of interest that would be highly beneficial and may be able to have some ADF people that are transitioning move into the APS in that way.⁸⁴⁰

842. Commander Wight highlighted the opportunity to employ ex-serving members in the Department of Defence and, specifically, as Joint Transition Authority transition coaches:

I'd like to see greater employment of our veterans in the broader Defence ecosystem. Just as one example, I think that a coach within the JTA [Joint Transition Authority] – and I know that there are – I forget the number you said to me earlier today, but there are a number of coaches ... who are veterans. They bring a wealth of knowledge and experience into that role so I'd like to see maybe more veterans serving in roles like that.⁸⁴¹

843. The Australian Public Service Commission has published *A Toolkit for ADF Veterans*, which translates ADF ranks into Australian Public Service grades and provides advice on applying for jobs in the Australian Public Service.⁸⁴²
844. Ms Bone indicated that work is underway to create a temporary employment register for ex-serving members.⁸⁴³ Facilitating a process for ex-serving members to apply for temporary roles in the Australian Public Service (along with other Australian Public Service staff) is a positive step, but it is only the starting point. More should be done to retain the investment the Australian Government has already made in building the skills of ADF members. It would also be desirable to create pathways for ex-serving members into employment with DVA, where their lived experience of service and transition makes them uniquely qualified.
845. The Australian Government has introduced a more proactive approach.
846. The Veteran Employment Pathway (VetPaths) recruits ex-serving members into ongoing roles in the Australian Public Service. The program 'match[es] participants to suitable roles at participating agencies that would benefit from military experience', though this is currently limited to DVA and Services Australia.⁸⁴⁴ VetPaths also asks participants to take part in formal learning and development, a mentor and buddy program, building a peer network and family inclusion activities.⁸⁴⁵
847. We describe programs in New South Wales and the United Kingdom aimed at connecting ex-serving members with roles in education, health and justice agencies. This could provide a model for expansion of the VetPaths program, if it is found to be effective.
848. The *NSW Veterans Action Plan 2023–2024* identifies two targeted programs offering a pathway for ex-serving members into the public education sector:
- The NSW Department of Education Mid-Career Transition to Teaching Program supports experienced candidates to retrain and obtain employment as teachers of mathematics, science or technological and applied studies in NSW schools.
 - NSW TAFE's Veterans Teach at TAFE program provides information to ex-serving members at ADF transition seminars.⁸⁴⁶

849. A representative of Veterans SA indicated the agency is working with the South Australian Office of the Commissioner for Public Sector Employment to progress employment pathways for ex-serving members in South Australia, but this collaboration is in its early stages.⁸⁴⁷
850. In the United Kingdom, the Step into Health and Advance into Justice programs provide a pathway for ex-serving members to seek employment in specific public sector agencies.
851. Step into Health is a partnership between National Health Service (NHS) Employers, NHS England, Walking With The Wounded and The Royal Foundation to support the recruitment of ex-serving members and their families into the NHS.⁸⁴⁸ NHS organisations can join the program by pledging to review their recruitment practices and remove any barriers to employing ex-serving members. They also agree to build a relationship with the Career Transition Partnership, an organisation that helps ex-serving members navigate their transition process.⁸⁴⁹ The Step into Health Candidate Monitoring System connects pledged organisations with registered candidates from the Armed Forces community looking for jobs in the NHS.⁸⁵⁰
852. Advance into Justice is a recruitment scheme for key roles within His Majesty's Prison and Probation Service targeted at service leavers in transition, those who have left the armed forces within the last five years, and partners of service leavers or ex-serving members. Members can apply for a role before separation and may defer their start date for up to 1 year. Appointments are on a 2-year basis, with the opportunity to convert to permanency after 1 year in the role.⁸⁵¹
853. We encourage the Australian Government and states and territories to investigate opportunities for similar targeted pathways to employment in the public sector in Australia.

Setting targets

854. One way to establish veteran employment as a whole-of-government priority is to set and publicly report on a target.
855. The Victorian Government Public Sector Veteran Employment Strategy helps ex-serving members find jobs in Victoria Police, Corrections Victoria, and other departments and agencies. In November 2016, the Premier set a target to employ 250 veterans in the Victorian public sector.⁸⁵² In March 2019, this target was increased to 750.⁸⁵³ The Victorian public sector recommitted to employ an additional 750 ex-serving members by June 2025, making a total of 1,500.⁸⁵⁴ This target was achieved in April 2024 and has been increased to 1,800 by June 2025.
856. In March 2023, the Victorian Government reported that 1,159 serving and ex-serving members had joined the Victorian public sector since mid-2017, suggesting it is on track to achieve this target.⁸⁵⁵

857. The strategy includes an ex-serving member mentor program connecting potential candidates with ex-serving members already in the public service, as well as a network for ex-serving members to connect with each other within the public service.⁸⁵⁶
858. The Victorian Government has also published a *Guide for veterans applying for roles in the Victorian public sector* and allows candidates to self-identify as ‘veterans’ when registering with public sector jobs platform Careers.Vic.⁸⁵⁷
859. In the *NSW Veterans Action Plan 2021–2022*, the NSW Government set a target to employ 250 ex-serving members each year in the NSW public sector.⁸⁵⁸ The NSW Government reported that a total of 1,400 ex-serving members were employed in new roles in the NSW public sector from November 2018 to March 2022.⁸⁵⁹ The *NSW Veterans Action Plan 2023–2024* increased the annual target to employ 500 ex-serving members in the public service each year.⁸⁶⁰
860. In NSW, the Veterans Employment Program provides ex-serving members with tools to help them apply for roles in the public service, and offers support to hiring managers through communication and education. The NSW Government has published a *Rank to Grade Guide* that maps ADF ranks against NSW public sector grades and the capabilities used to assess candidates for public sector jobs.⁸⁶¹
861. Below, we make a number of recommendations to:
- support ex-serving members to promote their skills and connect with employers
 - create pathways for ex-serving members into public sector employment.

Recommendation 84: Issue separating members with a reference that states their skills, experience and capabilities

To support ex-serving members to promote their skills and experience in the civilian job market, the Australian Defence Force should issue a reference for each member at separation. The reference should reflect the individual skills and experience of the member and include a personalised statement on the capabilities they demonstrated in their most recent role/s. Contact details of the member’s commanding officer approximate to, or at, the point of transition should be provided wherever possible.

Recommendation 85: Develop employment pathways for ex-serving members in public sector agencies

The Australian Public Service Commission and its state and territory equivalents should work with public sector agencies to develop and prioritise employment pathways for ex-serving members. They should prioritise agencies in portfolios where military capabilities and lived experience of service are especially relevant, including health, justice, corrections, police, veterans’ affairs and defence.

Annexure 23.1 Recommendations of previous inquiries and reviews relating to transition

National Mental Health Commission Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families (2017)

Recommendation	Text
Recommendation 5	<p>The ADF and DVA should rethink the strategy and range of initiatives to support families. A Family Engagement and Support Strategy should be co-designed with families, and focus on known stress points for families, including transition points.</p> <p>The strategy should also recognise and cater for the diversity of family structures in the ADF and in ex-serving communities.⁸⁶²</p>
Recommendation 8	<p>The current efforts by the Transition Taskforce focusing on supporting the transition of personnel out of the defence forces should continue and aim to deliver an approach to transition that enables all departing personnel to leave with dignity, hope and some certainty about their future, regardless of the circumstances of their discharge. The process of planning for transition should begin on commencement with the ADF, with greater consideration given to the processes that could be implemented during service that would better prepare members for civilian life after their military career. A greater role for peer workers and ESOs [ex-service organisations] to support transition would be desirable, but the ultimate process should be informed by a co-design approach.⁸⁶³</p>

Defence and DVA Transition Taskforce (2018)

Recommendation	Text
Recommendation 1	The focus of all transition related processes, services and support delivered by government should be centred on the needs of the person and their families. ⁸⁶⁴
Recommendation 2	The Departments of Defence, DVA and CSC should investigate the intelligent use of data to track outcomes for separating members and allow the system to respond to emerging needs. ⁸⁶⁵
Recommendation 3	Defence, DVA and CSC should trial an integrated approach to transition service delivery that provides, where appropriate, proactive assistance to the person and their family throughout their transition journey. ⁸⁶⁶
Recommendation 4	Defence, DVA and CSC should reimagine how transition related information and tools can be brought together and delivered in ways that are effective and engaging. ⁸⁶⁷
Recommendation 5	Defence, DVA and CSC should address privacy based barriers to enable proactive engagement with family members of current and former serving ADF members. ⁸⁶⁸
Recommendation 6	Defence and DVA should enhance their career assistance and development capabilities with a view to increasing the probability of current and former serving members securing employment, where appropriate. ⁸⁶⁹
Recommendation 7	Defence should consider ways in which transition can be better supported within the services including enhancing acknowledgement of (and value placed in) a member's service and contribution. ⁸⁷⁰

Productivity Commission – A better way to support veterans (2019)

Recommendation	Text
Recommendation 7.1 Establish a joint transition authority	<p>The Australian Government should recognise that Defence has primary responsibility for the wellbeing of discharging Australian Defence Force members, and that this responsibility may extend beyond the date of discharge. It should formalise this recognition by creating a 'Joint Transition Authority' within Defence.</p> <p>Functions of the Joint Transition Authority should include:</p> <ul style="list-style-type: none"> • preparing serving members and their families for the transition from military to civilian life • providing individual support and advice to veterans as they approach transition • ensuring that transitioning veterans receive services that meet their individual needs, including information about, and access to, Department of Veterans' Affairs' processes and services, and maintaining continuity of rehabilitation supports • remaining an accessible source of support for 12 months after discharge • reporting publicly on transition outcomes to drive further improvement.⁸⁷¹
Recommendation 7.2 Career planning and family engagement for transition	<p>Defence, through the Joint Transition Authority (recommendation 7.1), should:</p> <ul style="list-style-type: none"> • ensure that Australian Defence Force members prepare a career plan that covers both their service and post-service career, and update that plan at least every two years • prepare members for other aspects of civilian life, including the social and psychological aspects of transition • reach out to veterans' families, so that they can engage more actively in the process of transition.⁸⁷²
Recommendation 7.3 Trial a veteran education allowance	<p>The Department of Veterans' Affairs should support veterans to participate in education and vocational training once they leave the Australian Defence Force. It should trial a veteran education allowance to provide a source of income for veterans who, after completing their initial minimum period of service or having been medically discharged, wish to undertake full-time education or vocational training.⁸⁷³</p>

**Interim National Commissioner for Defence and Veteran Suicide Prevention
Preliminary Interim Report (2021)**

Recommendation	Text
Recommendation 7.1	<p>Defence and the Department of Veterans' Affairs (DVA) should reform and reimagine transition out of the Australian Defence Force (ADF). Defence should:</p> <ul style="list-style-type: none"> • support ADF members to prepare for their transition from the first day of service, with a particular focus on preparing them for the mental and practical challenge of cultural adjustment • proactively initiate engagement with each ADF member about their post-military career, and work with the member to tailor transition supports to their individual circumstances, taking into account their civilian ambitions, service experience and strengths • improve service continuity between Defence and DVA. <p>DVA should:</p> <ul style="list-style-type: none"> • proactively engage with ADF members who are about to transition and ensure that they are aware of the suite of available support services through DVA and Open Arms – Veterans & Families Counselling • proactively assess each person's records and give advice about, or automatically provide payment for, any recorded injuries • ensure that any future support needs or claims are identified early, and that claims processes are in place and, where possible, finalised before the transitioning ADF member leaves service • improve service continuity between Defence and DVA.⁸⁷⁴
Recommendation 7.2	<p>Defence should assign peer supporters to all new recruits and appointees. Peer supporters should focus on providing one-to-one mentoring, guidance, preparation for post-military life and general advice; and Defence must adequately train them for this role. Peer supporters must have lived experience of the ADF. Peer support should remain available throughout the service member's career and into post-service life. This may mean different peer supporters over the course of a member's career and transition.⁸⁷⁵</p>
Recommendation 7.3	<p>Defence should explore additional opportunities to integrate lived experience and peer support into its transition programs.⁸⁷⁶</p>

Recommendation	Text
Recommendation 7.4	<p>The Australian Government should ensure that Defence designs and delivers military training courses and qualifications so that ADF members can attain equivalent civilian qualifications simultaneously. Alternatively, the Australian Government should partner Defence with civilian vocational or tertiary education providers to give civilian qualifications for each military course.</p> <p>The Australian Government must ensure that ADF members depart with appropriate recognition of the skills and experience they have acquired through military service, aligned with suitable civilian employment qualifications. This includes:</p> <ul style="list-style-type: none"> • providing formal civilian qualifications for any completed courses • aligning training, wherever possible, to nationally accredited units of competency, and supporting ADF members to ensure that dual military and civilian competencies are obtained • streamlining processes for Recognition of Prior Learning (RPL), and working with ADF members to identify and address any outstanding skills gaps before they leave service • supporting veterans to undertake RPL processes once they have left Defence.⁸⁷⁷
Recommendation 7.5	<p>Defence should explore initiatives that better support service members to gain civilian skills and qualifications in their intended post-service career path prior to their transition. This includes arrangements (which should be strongly encouraged, if not mandated) to allow ADF members leave to complete vocational qualifications, training or work experience not provided in the ADF.⁸⁷⁸</p>
Recommendation 7.6	<p>The Australian Government and state and territory governments should continue to work with businesses and peak industry bodies to promote the benefits of employing veterans, and evaluate the effectiveness of these initiatives.⁸⁷⁹</p>
Recommendation 7.7	<p>The Australian Government should ensure that all ADF members transitioning out of Defence have undertaken a comprehensive, compulsory transition program prior to their discharge. The Joint Transition Authority should design this course, incorporating the following principles:</p> <ul style="list-style-type: none"> • Integration of lived experience of transition – The course should integrate the lived experience of those who have left service and transitioned to civilian life. It is important that the realities of transition are adequately conveyed, incorporating not just the positive stories, but also the challenges and the potential detrimental impact of transition. • Psychological and social preparation – The course needs to have a focus on the psychological and social preparation for civilian life, as well as the practical and administrative elements of transition preparedness. • Availability even after leaving – The full course, or relevant elements of it, should be available to people who have already left service. This is important, as different support needs may arise following discharge, or a transitioning member may not be in the right mental state to engage with, or fully understand, parts of the course at the time of transition.

Recommendation	Text
	<ul style="list-style-type: none"> • Mental and other health information – The course should incorporate mental and other health information. It should focus on both the practical aspects of accessing mental health support and aim to break down stigma associated with mental ill health. It should also include information about other pressures that may affect health and wellbeing; for example, alcohol and other drugs, nutrition, exercise, sleep, and so on. • Veteran specific support services – The course should provide specific information about available veteran specific support services, such as Open Arms and supports provided by DVA and others. It should provide information on how to access support services including, where relevant, how to navigate DVA systems in order to access the services. • Families – The course should incorporate significant involvement of families: families need to know how the realities of transition may affect them. Families should also be aware of the information being presented to the ADF member, as well as services and supports that they can access themselves. • Ex-service organisations (ESOs) – The course should include involvement from ESOs. ESOs can be an important source of social support for transitioning service members and veterans. • Active engagement – The course must be more than just a passive provision of information. It needs to actively engage participants with the content. • Continuous evaluation – Defence needs to continuously evaluate the course's effectiveness through outcome measures, and not rely simply on attendance numbers or completion rates. • Personalised support – The course should involve opportunities to identify individuals who require more personalised support, if support needs are identified that cannot be addressed in a group setting. • Complementary to early preparation – The course should not replace early preparation and personalised support for transition, but should be an important complementary element, particularly for those who are transitioning involuntarily or unexpectedly. • Peer-reviewed, evidence-based approaches – The course should incorporate the use of innovative tools and evidence-based approaches that support individuals to understand cultural adjustment, such as the Military–Civilian Adjustment and Reintegration Measure tool developed by the Gallipoli Medical Research Foundation.⁸⁸⁰

Endnotes

- 1 Australian Government, *Veteran Transition Strategy*, July 2023, p 30 (Exhibit 82-03.003, DVS.0011.0001.0268).
- 2 Australian Government, *Veteran Transition Strategy*, July 2023, p 30 (Exhibit 82-03.003, DVS.0011.0001.0268).
- 3 Transcript, Kaarin Kooij, Hearing Block 11, 5 September 2023, p 82-8068 [39].
- 4 Australian Government, *Veteran Transition Strategy*, July 2023, p 30 (Exhibit 82-03.003, DVS.0011.0001.0268).
- 5 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 129 (Exhibit L-01.105, DVS.2222.0001.4848).
- 6 Forces in Mind Trust, *The Transition Mapping Study: Understanding the transition process for Service personnel returning to civilian life*, August 2013, p 13 (Exhibit 101-03.043, STU.0000.0004.1162).
- 7 Australian Government, *Veteran Transition Strategy*, July 2023, p iii (Exhibit 82-03.003, DVS.0011.0001.0268).
- 8 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 135 (Exhibit L-01.105, DVS.2222.0001.4848).
- 9 Transcript, Angus Campbell, Hearing Block 12, 28 March 2024, p 101-10257 [42–44].
- 10 Exhibit 89-02.027, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, Attachment A, AHW.9999.0005.0001 at Table 1, cell C8, C44.
- 11 Exhibit 64-02.013, Hearing Block 9, Department of Defence, Response to Notice to Produce, NTP-DEF-167, DEF.1167.0004.0259 at 0259.
- 12 Australian Institute of Health and Welfare, *Veteran Social Connectedness*, 26 October 2023, p 2 (Exhibit K-01.102, DVS.2222.0001.2562); Christopher Stone, Suicide Prevention Australia and Mental Health Australia, Submission, ANON-Z1E7-QM9P-E, p [11] of supplementary material; Transcript, David Forbes, Hearing Block 6, 9 August 2022, p 46-4547 [30–32].
- 13 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9677 [16–21].
- 14 Exhibit V-01.007, Department of Defence, Response to Notice to Produce, NTP-DEF-407, Defence/DVA Links Steering Committee 7 March 2024 – Item 13: Joint Transition Authority Update, DEF.1407.0001.0035 at 0036.
- 15 Exhibit V-01.007, Department of Defence, Response to Notice to Produce, NTP-DEF-407, Defence/DVA Links Steering Committee 7 March 2024 – Item 13: Joint Transition Authority Update, DEF.1407.0001.0035 at 0036.
- 16 Exhibit DD-01.002, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-144, Veterans employment proposition campaign: Exploratory research debrief, DVA.0061.0001.0001 at 0007–0010; Christopher Stone, Suicide Prevention Australia and Mental Health Australia, Submission, ANON-Z1E7-QM9P-E, p [12] of supplementary material.
- 17 Commonwealth of Australia, Letters Patent, 8 July 2021, paragraph (b iii).
- 18 Commonwealth of Australia, Letters Patent, 8 July 2021, paragraph (b iv).
- 19 Transcript, Angus Campbell, Hearing Block 12, 28 March 2024, pp 101-10287 [1–12], 101-10307 [9–15]; Transcript, Mark Hammond, Hearing Block 12 15 March 2024, pp 92-9287 [9–19], 92-9274 [1–10], 92-9268 [5–9]; Transcript, Simon Stuart, Hearing Block 12, 22 March 2024, p 98-9980 [28–31].
- 20 T Varker and others, *ADF members and ex-members suicide literature review: an update*, Report prepared for the Royal Commission into Defence and Veteran Suicide, August 2023, p 55 (Exhibit L-01.026, DVS.2222.0001.0531).
- 21 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 130 (Exhibit L-01.105, DVS.2222.0001.4848).
- 22 Exhibit 30-03.009, Hearing Block 4, Royal Commission into Defence and Veteran Suicide: Introductory Defence Briefing, Department of Defence, August 2021, STU.0001.0001.5446 at 5456.
- 23 Exhibit D-01.011, Department of Defence, Response to Notice to Produce, NTP-DEF-025, Defence Community Organisation October 2020 Monthly Data Pack, DEF.1025.0002.3122 at 3142.

- 24 Exhibit 30-03.009, Hearing Block 4, Royal Commission into Defence and Veteran Suicide: Introductory Defence Briefing, Department of Defence, August 2021, STU.0001.0001.5446 at 5455.
- 25 Exhibit A-01.010, Department of Defence, Response to Notice to Produce, NTP-DEF-001, Defence Census 2019, DEF.0001.0001.8031 at 8052.
- 26 Exhibit 96-01.013, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-255, Tranche 1 Annexure A, DEF.9999.0164.0034 at Table 12.5, Table 12.6 and Table 12.7.
- 27 Exhibit 96-01.013, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-255, Tranche 1 Annexure A, DEF.9999.0164.0034 at Table 12.5, Table 12.6 and Table 12.7.
- 28 Exhibit 89-02.027, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-008, Attachment A, AHW.9999.0005.0001 at Table 1.
- 29 Exhibit 89-02.027, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-008, Attachment A, AHW.9999.0005.0001 at Table 1.
- 30 Exhibit 89-02.027, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-008, Attachment A, AHW.9999.0005.0001 at Table 2.
- 31 Exhibit 89-02.027, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-008, Attachment A, AHW.9999.0005.0001 at Table 3.
- 32 Exhibit 89-02.027, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-008, Attachment A, AHW.9999.0005.0001 at Table 2.
- 33 Exhibit 89-02.027, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-008, Attachment A, AHW.9999.0005.0001 at Table 2.
- 34 Exhibit 89-02.027, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-008, Attachment A, AHW.9999.0005.0001 at Table 2.
- 35 Exhibit 89-02.027, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-008, Attachment A, AHW.9999.0005.0001 at Table 3.
- 36 Appendix L, Defence survey data.
- 37 Exhibit 89-02.027, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-008, Attachment A, AHW.9999.0005.0001 at Table 3.
- 38 Exhibit 89-02.027, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-008, Attachment A, AHW.9999.0005.0001 at Table 3.
- 39 Exhibit 89-02.027, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-008, Attachment A, AHW.9999.0005.0001 at Table 3.
- 40 Exhibit 89-02.027, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-008, Attachment A, AHW.9999.0005.0001 at Table 3.
- 41 Exhibit 89-02.027, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-008, Attachment A, AHW.9999.0005.0001 at Table 3.
- 42 Exhibit 89-02.027, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-008, Attachment A, AHW.9999.0005.0001 at Table 3.
- 43 Australian Institute of Health and Welfare, *Serving and Ex-serving Australian Defence Force Members who have Served Since 1985: Suicide Monitoring 1997 to 2021*, November 2023, pp iv, 34 (Exhibit K-01.123, DVS.2222.0001.3284).
- 44 Australian Institute of Health and Welfare, *Serving and Ex-serving Australian Defence Force Members who have Served Since 1985: Suicide Monitoring 1997 to 2021*, November 2023, p 34 (Exhibit K-01.123, DVS.2222.0001.3284).
- 45 Appendix L, Defence survey data.
- 46 B Wadham and others, *Mapping Service and Transition to Self-harm and Suicidality*, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, p xi (Exhibit F-01.061, DVA.0011.0001.1192); NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 129, 130, 132 (Exhibit L-01.105, DVS.2222.0001.4848).
- 47 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 129 (Exhibit L-01.105, DVS.2222.0001.4848).
- 48 Australian Institute of Health and Welfare, *Final report to the Independent Review of Past Defence and Veteran Suicides*, September 2021, pp viii, 26 (Exhibit 01-01.14, Hearing Block 1, INQ.0000.0001.1353).

- 49 Australian Institute of Health and Welfare, *Final report to the Independent Review of Past Defence and Veteran Suicides*, September 2021, p vi (Exhibit 01-01.14, Hearing Block 1, INQ.0000.0001.1353).
- 50 Transcript, Kieran McCarthy, Hearing Block 1, 8 December 2021, p 8-744 [17–22].
- 51 Transcript, Christine Stirling, Hearing Block 6, 9 August 2022, p 46-4515 [39–43].
- 52 Transcript, Angus Campbell, Hearing Block 12, 28 March 2024, p 101-10307 [15].
- 53 Transcript, David Forbes, Hearing Block 6, 9 August 2022, p 46-4547 [30–37].
- 54 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 134 (Exhibit L-01.105, DVS.2222.0001.4848).
- 55 Transcript, James Kerin, Hearing Block 11, 28 August 2023, p 76-7367 [24–29].
- 56 Name withheld, Submission, ANON-Z1E7-QE6U-8, pp [1], [5–6] of supplementary material.
- 57 Transcript, Kylie James, Hearing Block 5, 30 June 2023, p 40-3875 [7–10].
- 58 Name withheld, Submission, ANON-Z1E7-Q827-S, p [3].
- 59 Name withheld, Submission, ANON-Z1E7-Q9ZK-P, p [2].
- 60 Transcript, David Forbes, Hearing Block 6, 9 August 2022, p 46-4547 [31–36].
- 61 B Wadham and others, *Mapping Service and Transition to Self-harm and Suicidality*, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, p x (Exhibit F-01.061, DVS.0011.0001.1192).
- 62 B Wadham and others, *Mapping Service and Transition to Self-harm and Suicidality*, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, p 93 (Exhibit F-01.061, DVS.0011.0001.1192).
- 63 B Wadham and others, *Mapping Service and Transition to Self-harm and Suicidality*, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, pp 94, 99 (Exhibit F-01.061, DVS.0011.0001.1192).
- 64 B Wadham and others, *Mapping Service and Transition to Self-harm and Suicidality*, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, p 101 (Exhibit F-01.061, DVS.0011.0001.1192).
- 65 Aaron Baker, Submission, ANON-Z1E7-QXDJ-X, p [2].
- 66 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, Final Report: Findings and Recommendations, March 2017, p 20 (Exhibit 01-01.008, INQ.0000.0001.1488).
- 67 M Van Hooff and others, *Mental Health Prevalence, Mental Health and Wellbeing Transition Study*, Department of Defence and Department of Veterans' Affairs, 2018, pp 3, 21–22 (Exhibit I-01.007, DVS.2222.0001.5546).
- 68 M Van Hooff and others, *Mental Health Prevalence, Mental Health and Wellbeing Transition Study*, Department of Defence and Department of Veterans' Affairs, 2018, p 19 (Exhibit I-01.007, DVS.2222.0001.5546).
- 69 Productivity Commission, *A Better Way to Support Veterans*, No. 93, vol 1, June 2019, p 119 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 70 Transcript, Jonathon Forbes, Hearing Block 6, 9 August 2022, p 46-4543 [14–20].
- 71 B Wadham and others, *Mapping Service and Transition to Self-harm and Suicidality*, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, p 90 (Exhibit F-01.061, DVS.0011.0001.1192).
- 72 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, 2021, p 18 [29] (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 73 Productivity Commission, *A Better Way to Support Veterans*, No. 93, vol 1, June 2019, p 169 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 74 K Carra and others, 'Service and demographic factors, health, trauma exposure, and participation are associated with adjustment for former Australian Defense Force members', *Military Psychology*, vol 35, 5, 2023, pp 487–488 (Exhibit F-04.110, DVS.1111.0001.4385); M Romaniuk and others, 'Assessing psychological adjustment and cultural reintegration after military service: development and psychometric evaluation of the post-separation Military-Civilian Adjustment and Reintegration Measure (M-CARM)', *BMC Psychiatry*, vol 20, 531, 2020, p 5 (Exhibit 09-04.029, Hearing Block 1, EXP.0001.0017.0343).
- 75 Department of Veterans' Affairs, *What are the Family Protective Factors for Members Transitioning from Defence Service? Summary of the Rapid Evidence Assessment*, Summary Report, 2015, p 4 (Exhibit L-01.101, DVS.2222.0001.4799).
- 76 Transcript, Jane Pirkis, Hearing Block 4, 6 April 2022, pp 26-2379 [43]–26-2380 [5].

- 77 Transcript, Phil Parker, Hearing Block 1, 2 December 2021, p 4-390 [10].
- 78 Transcript, Phil Parker, Hearing Block 1, 2 December 2021, p 4-398 [37–39].
- 79 Transcript, Lee Bailey, Hearing Block 1, 9 December 2021, pp 9-826 [43], 9-827 [23–25]; Transcript, BR2, Hearing Block 1, 9 December 2021, p 9-821 [9–29]; Transcript, Paul Walker, Hearing Block 7, 26 October 2022, p 53-5163 [30–45]; Exhibit 53-01.001, Hearing Block 7, Paul Walker, Witness Statement, PAW.0000.0001.0001 at 0010 [60]; Exhibit 57-01.001, Hearing Block 8, Kylie Reynolds, Witness Statement, KRE.0000.0001.0014 at 0039 [150].
- 80 Exhibit 53-01.001, Hearing Block 7, Paul Walker, Witness Statement, PAW.0000.0001.0001 at 0010 [60].
- 81 Transcript, James Geerke, Hearing Block 8, 28 November 2022, p 55-5384 [2–4].
- 82 Transcript, CO1, Hearing Block 4, 5 April 2022, p 25-2261 [4–23].
- 83 Transcript, CO1, Hearing Block 4, 5 April 2022, p 25-2258 [20–35]; Transcript, Lee Bailey, Hearing Block 1, 9 December 2021, pp 9-828 [0–47], 9-829 [0–47]; Transcript, James Geerke, Hearing Block 8, 28 November 2022, p 55-5383 [45–47]; Transcript, Ashley Semmens, Hearing Block 10, 20 September 2023, p 71-6860 [29–42]; Exhibit 05-03, Hearing Block 1, Isaac Adams, Witness Statement, IDA.0000.0001.0007 at 0011 [27]; Exhibit 57-01.001, Hearing Block 8, Kylie Reynolds, Witness Statement, KRE.0000.0001.0014 at 0039 [147].
- 84 Transcript, James Kerin, Hearing Block 11, 28 August 2023, p 76-7350 [26–35].
- 85 Transcript, Jacquie Lambie, Hearing Block 6, 5 August 2022, p 44-4300 [5–20].
- 86 Transcript, James Kerin, Hearing Block 11, p 76-7360 [40–47]; Exhibit 23-02, Hearing Block 3, Name withheld, Witness Statement, WIT.0003.0005.0001 at 0014 [65].
- 87 Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, p 71-6859 [9–25].
- 88 Transcript, Lee Michael Bailey, Hearing Block 1, 9 December 2021, p 9-826 [42–47].
- 89 Exhibit 101-03.001, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, Joint Transition Authority Annual Transition Report to Government 2022, DEF.1114.0001.0855 at 0858–0859.
- 90 Exhibit 64-02.013, Hearing Block 9, Department of Defence, Response to Notice to Produce, NTP-DEF-167, DEF.1167.0004.0259 at 0259.
- 91 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0049.
- 92 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0049–0050; Transcript, Kaarin Kooij, Hearing Block 11, 5 September 2023, p 82-8103 [37–41].
- 93 Australian Government, *Veteran Transition Strategy*, July 2023, p 14 (Exhibit 82-03.003, DVS.0011.0001.0268).
- 94 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0037.
- 95 Exhibit 82-03.026, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, Attachment A, Protecting Lifetime Wellbeing of ADF Personnel Framework, Action Plan, Stage Two Document, DEF.1114.0001.0403 at 0405.
- 96 Australian Institute of Health and Welfare, 'Understanding the Wellbeing Characteristics of Ex-serving ADF Members', webpage, last updated 1 September 2022, www.aihw.gov.au/reports/veterans/wellbeing-characteristics-of-ex-serving-adf/contents/introduction, viewed 25 March 2024 (Exhibit L-01.112, DVS.2222.0001.5033).
- 97 Transcript, Kerri-Anne Woodbury, Hearing Block 1, 9 December 2021, p 9-488 [1–6].
- 98 Transcript, Andrea Phelps, Hearing Block 1, 8 December 2021, p 8-769 [8–15].
- 99 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 137 (Exhibit L-01.105, DVS.2222.0001.4848).
- 100 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, pp 132–33 (Exhibit L-01.105, DVS.2222.0001.4848).
- 101 Exhibit 21-01.024, Hearing Block 3, Department of Defence, Response to Notice to Give, NTG-DEF-012, DEF.9999.0004.0001_R at 0002 [4].
- 102 Exhibit 82-03.023, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Joint Transition Authority Integration, Synchronisation and Assurance Model, Phase Three Report, DEF.1196.0001.0219 at 0025.

- 103 Department of Defence, *Royal Commission into Defence and Veteran Suicide: Introductory Defence Briefing*, August 2021, pp 19, 45 (Exhibit 30-03.009, Hearing Block 4, STU.0001.0001.5446).
- 104 Australian Government, *Veteran Transition Strategy*, July 2023, p 26 (Exhibit 82-03.003, Hearing Block 11, DVS.0011.0001.0268).
- 105 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, Final report: Findings and Recommendations, March 2017 (Exhibit 01-01.008, INQ.0000.0001.1488).
- 106 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, Final report: Findings and Recommendations, March 2017, p 21 (Exhibit 01-01.008, INQ.0000.0001.1488).
- 107 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their Families*, Final report: Findings and Recommendations, March 2017, p 21 (Exhibit 01-01.008, INQ.0000.0001.1488).
- 108 Australian Government, *The Transition Taskforce – Improving the Transition Experience*, 2018, p 6 [1–10] (Exhibit 21-01.001, Hearing Block 3, AWW.0000.0001.0697).
- 109 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 49 [Finding 7.1] (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 110 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 304 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 111 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 309 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 112 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 309 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 113 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 50 [Recommendations 7.1–7.3] (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 114 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 194 [7.18] (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 115 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 195 [7.20] (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 116 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 195 [7.21] (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 117 Exhibit 101-03.001, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, Joint Transition Authority Annual Transition Report to Government 2022, DEF.1114.0001.0855 at 0860; Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0060; Exhibit 39-02.002, Hearing Block 5, Department of Defence, Response to Notice to Give, NTG-GMO-001A, DEF.9999.0014.0099 at 0106–0107.
- 118 Exhibit 101-03.001, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, Joint Transition Authority Annual Transition Report to Government 2022, DEF.1114.0001.0855 at 0857.
- 119 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 317 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 120 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 319 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 121 Exhibit D-01.001, Department of Defence, Response to Notice to Produce, NTP-ACA-001-02, Joint Transition Authority Annual Progress Report 2021, ACA.1001.0002.3078.
- 122 Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, Joint Transition Authority Annual Report to Government 2022, DEF.1114.0001.0855; Exhibit 93-02.020, Hearing Block 12, Joint Transition Authority Annual Progress Report 2022–23, DVS.0012.0001.0915.
- 123 Exhibit D-01.001, Department of Defence, Response to Notice to Produce, NTP-ACA-001-02, Joint Transition Authority Annual Progress Report 2021, ACA.1001.0002.3078 at 3080.
- 124 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0047.

- 125 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0047–0049.
- 126 Exhibit D-01.001, Department of Defence, Response to Notice to Produce, NTP-ACA-001-02, Joint Transition Authority Annual Progress Report 2021, ACA.1001.0002.3078 at 3083.
- 127 Exhibit 82-03.023, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Joint Transition Authority Integration, Synchronisation and Assurance Model, DEF.1196.0001.0219 at 0227; Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0063.
- 128 Exhibit 101-03.001, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, Joint Transition Authority Annual Transition Report to Government 2022, DEF.1114.0001.0855 at 0858–8059; Exhibit L-01.075, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, Through-life Service Journey Risk Indicators: Collaboration Sessions Summary Report, DEF.1114.0001.0941 at 0943 [5–6]; Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0063.
- 129 Transcript, Angus Campbell, Hearing Block 12, 28 March 2024, p 101-10319 [43–44].
- 130 Exhibit V-01.011, Department of Defence, Response to Notice to Produce, NTP-DEF-409, Minute – CDF to CPERS – Scoping Mandatory Support for Involuntary Transitions, DEF.0034.0001.0001 at 0002.
- 131 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0049.
- 132 Transcript, Kaarin Kooij, Hearing Block 11, 5 September 2023, p 82-8098 [29–35].
- 133 Transcript, Kaarin Kooij, Hearing Block 11, 5 September 2023, pp 82-8096 [33]–82-8097 [3], 82-8098 [11]–82-8099 [17].
- 134 PFLR-17 (Transition, Commonwealth response), PFL.0018.0002.0001 at 0006; Exhibit V-01.06, Department of Defence, Response to Notice to Produce, NTP-DEF-407, 2023 Transition Services and Supports Survey, DEF.1407.0001.0001 at 0005.
- 135 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0012, 0039; Transcript, Carmel Pako, Hearing Block 11, 28 August 2023, pp 76-7375 [42–43], 76-7382 [5–9]; Transcript, Tony Venables, Hearing Block 11, 28 August 2023, pp 76-7375 [50–53], 76-7382 [34–37], 76-7386 [40–41]; Transcript, Gary Wight, Hearing Block 11, 28 August 2023, pp 76-7376 [8–10], 76-7383 [42–47]; Exhibit F-08.053, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, Transition Transformation, DEF.1114.0001.0983 at 0990.
- 136 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0019.
- 137 Exhibit 101-03.001, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, Joint Transition Authority Annual Transition Report to Government 2022, DEF.1114.0001.0855 at 0857.
- 138 Australian Government, *Veteran Transition Strategy*, July 2023, p 2 (Exhibit 82-03.003, DVS.0011.0001.0268).
- 139 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0048; Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 142 [389].
- 140 Australian Government, *Veteran Transition Strategy*, July 2023, p 2 (Exhibit 82-03.003, Hearing Block 11, DVS.0011.0001.0268).
- 141 Australian Government, *Veteran Transition Strategy*, July 2023, p 2 (Exhibit 82-03.003, Hearing Block 11, DVS.0011.0001.0268).
- 142 Australian Government, *Veteran Transition Strategy*, July 2023, p 2 (Exhibit 82-03.003, Hearing Block 11, DVS.0011.0001.0268); Exhibit V-01.007, Department of Defence, Response to Notice to Produce, NTP-DEF-407, Defence/DVA Links Steering Committee 7 March 2024 – Item 13: Joint Transition Authority Update, DEF.1407.0001.0035 at 0037.
- 143 Australian Government, *Veteran Transition Strategy*, July 2023, pp 6-7 (Exhibit 82-03.003, Hearing Block 11, DVS.0011.0001.0268).
- 144 Australian Government, *Veteran Transition Strategy*, July 2023, pp 6-7 (Exhibit 82-03.003, Hearing Block 11, DVS.0011.0001.0268).
- 145 Australian Government, *Veteran Transition Strategy*, July 2023, p 6 (Exhibit 82-03.003, Hearing Block 11, DVS.0011.0001.0268).

- 146 Australian Government, *Veteran Transition Strategy*, July 2023, p 7 (Exhibit 82-03.003, Hearing Block 11, DVS.0011.0001.0268).
- 147 Australian Government, *Veteran Transition Strategy*, July 2023, p 7 (Exhibit 82-03.003, Hearing Block 11, DVS.0011.0001.0268).
- 148 Australian Government, *Veteran Transition Strategy*, July 2023, p 14 (Exhibit 82-03.003, Hearing Block 11, DVS.0011.0001.0268).
- 149 Australian Government, *Veteran Transition Strategy*, July 2023, p 14 (Exhibit 82-03.003, Hearing Block 11, DVS.0011.0001.0268).
- 150 Exhibit 82-03.005, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, Draft Veteran Transition Strategy Action Plan: Financial Year 2023–24, 2022, DEF.1114.0001.0286 at 0290.
- 151 Transcript, Robert Fitzgerald, Hearing Block 1, 7 December 2021, p 7-627 [1–3].
- 152 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 203 [7.53] (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 153 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 203 [7.54] (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 154 Exhibit 73-01.001, Hearing Block 10, Justine Greig, Witness Statement, DEF.9999.0105.0001 at 0107 [306].
- 155 Exhibit 82-03.009, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, Joint Transition Authority Steering Group Outcomes of the Transition Mapping Project, DEF.1114.0001.0822 at 0830.
- 156 Exhibit 82-03.009, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, Joint Transition Authority Steering Group Outcomes of the Transition Mapping Project, DEF.1114.0001.0822 at 0830.
- 157 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0061.
- 158 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0061.
- 159 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0061; Exhibit L-01.076, Department of Defence, Response to Notice to Produce, NTP-DEF-167, ADF Transition Human Security Framework, DEF.1167.0004.1123.
- 160 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046.
- 161 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0061.
- 162 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0061.
- 163 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0061.
- 164 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0061.
- 165 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0049.
- 166 Exhibit 64-02.013, Hearing Block 9, Department of Defence, Response to Notice to Produce, NTP-DEF-167, DEF.1167.0004.0259 at 0259.
- 167 Exhibit L-01.122, Department of Defence, Response to Notice to Give, NTG-DEF-205, DEF.9999.0153.0001 at 0005 [13, Table 4.3].
- 168 Exhibit L-01.122, Department of Defence, Response to Notice to Give, NTG-DEF-205, DEF.9999.0153.0001 at 0005 [13, Table 4.3]–0006 [Table 4.3]
- 169 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0038.
- 170 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0060.
- 171 Transcript, Jonathan Morgan, Hearing Block 11, 28 August 2023, p 76-7356 [15–16], [42–43].
- 172 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0040.

- 173 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0040.
- 174 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0041.
- 175 Transcript, Jonathan Morgan, Hearing Block 11, 28 August 2023, p 76-7364 [31–34]; Transcript, James Kerin, Hearing Block 11, 28 August 2023, p 76-7366 [3–6]; Transcript, Kate-Frances Duffy, Hearing Block 11, 28 August 2023, p 76-7366 [18–21].
- 176 Transcript, James Kerin, Hearing Block 11, 28 August 2023, p 76-7366 [10–11]; Transcript, Jonathan Morgan, Hearing Block 11, 28 August 2023, p 76-7365 [14].
- 177 Transcript, Jonathan Morgan, Hearing Block 11, 28 August 2023, p 76-7365 [7–8].
- 178 Transcript, James Kerin, Hearing Block 11, 28 August 2023, p 76-7366 [17]; Transcript, Kate-Frances Duffy, Hearing Block 11, 28 August 2023, p 76-7366 [27–28].
- 179 Exhibit 82-03.007, Hearing Block 11, Department of Defence, Response to Notice to Produce NTP-DEF-196-01, Joint Transition Authority Steering Group Summary of the Joint Transition Authority Achievements, DEF.1196.0002.0477 at 0478 [7].
- 180 Exhibit F-08.044, Department of Defence, Response to Notice to Produce NTP-DEF-196-01, Joint Transition Authority Steering Group Meeting Minutes, 22 February 2023, DEF.1196.0001.0016 at 0018 [Agenda Item 5].
- 181 Exhibit 82-03.019, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, JTA Transition Preparedness Questionnaire Review, Consolidated Meeting Discussion Notes, 7 March 2023, DEF.1114.0001.0958 at 0961.
- 182 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046; Exhibit 82-03.019, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, JTA Transition Preparedness Questionnaire Review, Consolidated Meeting Discussion Notes, 7 March 2023, DEF.1114.0001.0958 at 0975.
- 183 Exhibit 82-03.019, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, JTA Transition Preparedness Questionnaire Review, Consolidated Meeting Discussion Notes, 7 March 2023, DEF.1114.0001.0958 at 0973.
- 184 Exhibit V-01.001, Department of Defence, Response to Notice to Produce, NTP-DEF-393-01, Transition Preparedness Questionnaire Full List of Questions and Answers, DEF.1393.0001.0001.
- 185 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 50 [Recommendation 7.2] (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 186 Transcript, Miriam Dwyer, Hearing Block 1, 9 December 2021, p 9-485 [42–46].
- 187 Transcript, Miriam Dwyer, Hearing Block 1, 9 December 2021, p 9-846 [12–17].
- 188 Transcript, Counsel Assisting, Hearing Block 1, 9 December 2021, p 9-847 [25–29].
- 189 Transcript, Miriam Dwyer, Hearing Block 1, 9 December 2021, p 9-846 [21–24].
- 190 Transcript, Kerri-Anne Woodbury, Hearing Block 1, 9 December 2021, p 9-848 [18–37].
- 191 Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, *Selves in Transition*, DEF.1196.0001.1475 at 1500; M Romaniuk and others, 'Assessing Psychological Adjustment and Cultural Reintegration after Military Service: Development and Psychometric Evaluation of the Post-Separation Military-Civilian Adjustment and Reintegration Measure (M-CARM)', *BMC Psychiatry*, vol 20, 1, 2020 (Exhibit 09-04.029, Hearing Block 1, EXP.0001.0017.0343).
- 192 Transcript, Miriam Dwyer, Hearing Block 1, 9 December 2021, p 9-846 [24–28].
- 193 M Romaniuk and others, 'Development and Psychometric Evaluation of the Mental Readiness for Military Transition Scale (MT-Ready)', *BMC Psychiatry*, vol 23, 575, 2023, p 3 (Exhibit 09-04.029, Hearing Block 1, EXP.0001.0017.0343).
- 194 M Romaniuk and others, 'Assessing Psychological Adjustment and Cultural Reintegration after Military Service: Development and Psychometric Evaluation of the Post-Separation Military-Civilian Adjustment and Reintegration Measure (M-CARM)', *BMC Psychiatry*, vol 20, 1, 2020, p 5 (Exhibit 09-04.029, Hearing Block 1, EXP.0001.0017.0343).
- 195 M Romaniuk and others, 'Assessing Psychological Adjustment and Cultural Reintegration after Military Service: Development and Psychometric Evaluation of the Post-Separation Military-Civilian Adjustment and Reintegration Measure (M-CARM)', *BMC Psychiatry*, vol 20, 1, 2020, p 10 (Exhibit 09-04.029, Hearing Block 1, EXP.0001.0017.0343).

- 196 Exhibit 82-03.019, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, JTA Transition Preparedness Questionnaire Review, 7 March 2023, DEF.1114.0001.0958 at 0961.
- 197 Transcript, Kerri-Anne Woodbury, Hearing Block 1, 9 December 2022, p 9-848 [23–39].
- 198 Exhibit 82-03.001, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-025, Joint Transition Authority Annual Progress Report 2021, DEF.1025.0001.0303 at 0307.
- 199 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0060.
- 200 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0060.
- 201 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0060.
- 202 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0037.
- 203 Transcript, Jeff Sengelman, Hearing Block 12, 7 March 2024, pp 89-8862 [12–15], 89-8863 [16–20].
- 204 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0037.
- 205 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0039.
- 206 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0366.
- 207 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0013.
- 208 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0037.
- 209 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0057.
- 210 Exhibit 101-03.001, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, JTA Annual Transition Report to Government 2022, DEF.1114.0001.0855 at 0859.
- 211 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0036.
- 212 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0036.
- 213 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0013.
- 214 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0018.
- 215 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0037.
- 216 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0036.
- 217 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0038.
- 218 Exhibit V-01.007, Department of Defence, Response to Notice to Produce, NTP-DEF-407, Defence/DVA Links Steering Committee 7 March 2024 – Item 13: Joint Transition Authority Update, DEF.1407.0001.0035 at 0035–0036.
- 219 Exhibit V-01.007, Department of Defence, Response to Notice to Produce, NTP-DEF-407, Defence/DVA Links Steering Committee 7 March 2024 – Item 13: Joint Transition Authority Update, DEF.1407.0001.0035 at 0036.
- 220 Transcript, Kaarin Kooij, Hearing Block 11, 5 September 2023, p 82-8103 [16–20].
- 221 Exhibit F-08.042, Department of Defence, Response to Notice to Give, NTG-DEF-302, Submission, Kaarin Kooij, DEF.0025.0001.0001 at 0003.
- 222 Exhibit F-08.042, Department of Defence, Response to Notice to Give, NTG-DEF-302, Submission, Kaarin Kooij, DEF.0025.0001.0001 at 0003.
- 223 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9676 [20–22].

- 224 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, pp 96-9676 [22–24], 96-9678 [17–41].
- 225 Transcript, Simon Stuart, Hearing Block 12, 22 March 2024, p 98-9981 [14–21].
- 226 Transcript, Angus Campbell, Hearing Block 12, 28 March 2024, p 101-10258 [12–17].
- 227 Transcript, Kaarin Kooij, Hearing Block 3, 15 March 2022, p 21-1902 [12–13].
- 228 Transcript, Kaarin Kooij, Hearing Block 3, 15 March 2022, p 21-1902 [19–20].
- 229 Transcript, Natasha Fox, Hearing Block 3, 15 March 2022, p 21-1902 [24–27, 32–36].
- 230 Transcript, Natasha Fox, Hearing Block 3, 15 March 2022, p 21-1903 [37–39].
- 231 Transcript, Wade Stothart, Hearing Block 3, 15 March 2022, p 21-1903 [17–24].
- 232 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0003; Department of Defence, Response to Notice to Produce, NTP-DEF-114, JTA Interim Assurance Plan 2023, DEF.1114.0001.0272.
- 233 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0026.
- 234 Commander John Scott Hannon Veterans Mental Health Care Improvement Act 2020 (US) s 102(a)(1).
- 235 Commander John Scott Hannon Veterans Mental Health Care Improvement Act 2020 (US) s 102(a)(2), (b).
- 236 Commander John Scott Hannon Veterans Mental Health Care Improvement Act 2020 (US) s 102(c).
- 237 Exhibit 21-01.001, Hearing Block 3, Australian War Widows, Response to Notice to Give, NTG-AWW-001, AWW.0000.0001.0697 at 0792.
- 238 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0042.
- 239 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0043.
- 240 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 193 (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).
- 241 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0054.
- 242 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0054.
- 243 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0054; Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001.
- 244 Transcript, Jonathan Morgan, Hearing Block 11, 28 August 2023, p 76-7357 [6–13].
- 245 Transcript, Simon Marshall, Hearing Block 1, 8 December 2021, p 8-722 [8–12, 33–34].
- 246 Transcript, James Kerin, Hearing Block 11, 28 August 2023, p 76-7353 [4–8].
- 247 Transcript, Jonathan Morgan, Hearing Block 11, 28 August 2023, p 76-7359 [10–17].
- 248 Transcript, Jonathan Morgan, Hearing Block 11, 28 August 2023, p 76-7359 [17–24].
- 249 Transcript, James Kerin, Hearing Block 11, 28 August 2023, p 76-7360 [19–23].
- 250 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0011.
- 251 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0011.
- 252 Productivity Commission, *A Better Way to Support Veterans*, No.93, June 2019, vol 1, p 327 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 253 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0065.
- 254 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0065.
- 255 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0065.
- 256 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0066.
- 257 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0012, 0042.
- 258 Transcript, Linda Bone, Hearing Block 11, 28 August 2023, p 76-7394 [28–31].

259 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0010.

260 Transcript, Jonathan Morgan, Hearing Block 11, 28 August 2023, pp 76-7364 [43]–76-7365 [9].

261 James Matthews, Submission, ANON-Z1E7-QZ48-X, p [2].

262 Transcript, Kaarin Kooij, Hearing Block 11, 5 September 2023, p 82-8084 [17–20].

263 Transcript, Kaarin Kooij, Hearing Block 11, 5 September 2023, p 82-8084 [45–47].

264 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046; *Noting Brief for HPC, Evaluation of Transition Across Bases – Final Report*, Response to Notice to Give, NTP-DEF-114-01, DEF.1114.0001.0211.

265 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0010.

266 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0010.

267 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0068.

268 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0068.

269 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0050.

270 Transcript, Kaarin Kooij, Hearing Block 11, 5 September 2023, p 82-8069 [27–28].

271 Paul Stephen Andrews, Submission, ANON-Z1E7-Q189-T, p [2]; Name withheld, Submission, ANON-Z1E7-QMRM-4, p [4]; Laura Boyce, Submission, ANON-Z1E7-Q1GC-K, p [2]; Name withheld, Submission, ANON-Z1E7-Q8RR-M, p [2].

272 Transcript, Jonathan Morgan, Hearing Block 11, 28 August 2023, p 76-7358 [5-8]; Transcript, James Kerin, Hearing Block 11, 28 August 2023, p 76-7361 [5-8]; Transcript, Kate-Frances Duffy, Hearing Block 11, 28 August 2023, pp 76-7362 [49]–76-7363 [1].

273 United States Government Accountability Office, *Military and Veteran Support: Programs to Help Service Members and New Veterans Transition to Civilian Life Could be Enhanced*, October 2023, p 10.

274 Trauma-Informed Care Implementation Resource Centre, ‘What is Trauma?’, webpage, www.traumainformedcare.chcs.org/what-is-trauma, viewed 12 December 2023 (Exhibit 101-03.045, Hearing Block 12, STU.0000.0004.1254).

275 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 16 [12] (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).

276 Exhibit 08-06.13, Hearing Block 1, Phoenix Australia, Response to Notice to Give, NTG-PHA-001, PHA.0000.0001.0001 at 0019–0020 [13].

277 Australian Government, *Veteran Transition Strategy*, July 2023, p 6 (Exhibit 82-03.003, Hearing Block 11, DVS.0011.0001.0268).

278 Australian Government, *Veteran Transition Strategy*, July 2023, p 6 (Exhibit 82-03.003, Hearing Block 11, DVS.0011.0001.0268).

279 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0934.

280 Transcript, Carmel Pako, Hearing Block 11, 28 August 2023, p 76-7375 [27–45].

281 Transcript, Tony Venables, Hearing Block 11, 28 August 2023, p 76-7375 [45–47].

282 Transcript, Gary Wight, Hearing Block 11, 28 August 2023, p 76-7376 [8–10].

283 Transcript, Tony Venables, Hearing Block 11, 28 August 2023, p 76-7386 [40–41].

284 Transcript, Gary Wight, Hearing Block 11, 28 August 2023, pp 76-7377 [27–31], 76-7377 [40]–76-7378 [10]; Exhibit F-08.053, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, Defence Update: Transition Transformation, DEF.1114.0001.0983 at 0990.

285 Transcript, Tony Venables, Hearing Block 11, 28 August 2023, p 76-7380 [9–11];

286 Transcript, Carmel Pako, Hearing Block 11, 28 August 2023, p 76-7382 [5–9]; Transcript, Tony Venables, Hearing Block 11, 28 August 2023, p 76-7382 [32–37]; Transcript, Gary Wight, Hearing Block 11, 28 August 2023, p 76-7383 [40–47].

287 Exhibit 92-01.017, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-199, DEF.9999.0185.0001 at 0119.

288 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9360 [34–36].

289 Exhibit 82-03.009, Hearing Block 11, Department of Defence, Response to Notice to Produce
NTP-DEF-114-01, Joint Transition Authority Steering Group, JTA SG 01/2021: Outcomes of the
Transition Mapping Project, DEF.1114.0001.0822 at 0832 [7].

290 Transcript, Kaarin Kooij, Hearing Block 11, 5 September 2023, pp 82-8096 [45]–82-8099 [17];
Transcript, Simon Stuart, Hearing Block 12, 22 March 2024, p 98-9981 [1–4].

291 Transcript, Kate-Frances Duffy, Hearing Block 11, 28 August 2023, pp 76-7352 [31–42],
76-7362 [27–33].

292 Interim National Commissioner for Defence and Veteran Suicide Prevention,
Preliminary Interim Report, September 2021, p 252 (Exhibit 01-01.013, Hearing Block 1,
INQ.0000.0001.1584).

293 Productivity Commission, *A Better way to Support Veterans*, No. 93, June 2019, vol 1, p 2
(Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).

294 Exhibit 21-01.020, Hearing Block 3, Department of Defence, Response to Notice to Produce,
NTP-DEF-025, Joint Directive 01/2021 by the Secretary and the Chief of the Defence Force,
Technical Authority for Defence Transition, DEF.1025.0002.3515 at 3517 [11]; Exhibit L-01.018,
Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military
Personnel Policy Manual, DEF.1233.0003.0130 at 0934 [c].

295 Exhibit 21-01.020, Hearing Block 3, Department of Defence, Response to Notice to Produce,
NTP-DEF-025, Joint Directive 01/2021, DEF.1025.0002.3515 at 3516 [5].

296 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol. 1, p 319
(Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).

297 Exhibit OO-01.011, Department of Defence, Response to Notice to Give, NTG-DEF-025, Joint
Transition Authority Steering Group, Item 7: JTA Strategic Risk Register, DEF.1025.0002.3067
at 3067.

298 Transcript, Linda Bone, Hearing Block 11, 28 August 2023, p 76-7411 [8–11].

299 Transcript, Linda Bone, Hearing Block 11, 28 August 2023, p 76-7376 [23–30].

300 Transcript, Carmel Pako, Hearing Block 11, 28 August 2023, p 76-7376 [38–44].

301 Transcript, Carmel Pako, Hearing Block 11, 28 August 2023, p 76-7382 [16–21].

302 Transcript, Gary Wight, Hearing Block 11, 28 August 2023, p 76-7377 [16–18].

303 Transcript, James Kerin, Hearing Block 11, 28 August 2023, p 76-7377 [17–18].

304 Transcript, Steven Hill, Hearing Block 11, 28 August 2023, p 76-7355 [30–33].

305 Transcript, Linda Bone, Hearing Block 11, 28 August 2023, p 76-7384 [33–34].

306 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to
Give, NTG-DEF-085, DEF.9999.0066.0046 at 0058; Exhibit 82-03.012, Hearing Block 11,
Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, Noting Brief for
HPC, Evaluation of Transition Across Bases Final Report, DEF.1114.0001.0211 at 0212 [4(a)].

307 Exhibit F-08.052, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01,
OMINDP Advice, DEF.1114.0001.0450 at 0451.

308 Exhibit OO-01.009, Department of Defence, Response to Notice to Produce, NTP-DEF-025,
Joint Transition Authority Steering Group, JTA SG 01/2021: Outcomes of the Transition
Mapping Project, DEF.1025.0002.3008 at 3015 [1–2]; Exhibit OO-01.010, Department
of Defence, Response to Notice to Give, NTG-DEF-025, JTA Strategic Risk Register,
DEF.1025.0002.3063 at 3063 [S1C-D, S5D, S6D]; Exhibit ZZ-03.022, Department of Defence,
Response to Notice to Produce, NTP-DEF-025, Joint Transition Authority Steering Group
Minutes 18 May 2020, DEF.1025.0002.3235 at 3236 [Agenda Item 1], 3237 [Agenda Item 4]–
3238.

309 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, Overview &
Recommendations, p 24 (Exhibit 01-01.009, Hearing Block 1, INQ.0000.0001.2216).

310 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, Overview &
Recommendations, p 24 (Exhibit 01-01.009, Hearing Block 1, INQ.0000.0001.2216).

311 Exhibit 82-03.009, Hearing Block 11, Department of Defence, Response to Notice to Produce,
NTP-DEF-114-01, Joint Transition Authority Steering Group, JTA SG 01/2021: Outcomes of the
Transition Mapping Project, DEF.1114.0001.0822 at 0831 [5].

312 Exhibit 82-03.009, Hearing Block 11, Department of Defence, Response to Notice to Produce,
NTP-DEF-114-01, Joint Transition Authority Steering Group, JTA SG 01/2021: Outcomes of the
Transition Mapping Project, DEF.1114.0001.0822 at 0831 [5].

313 Transcript, Rufus Black, Hearing Block 12, 18 March 2023, p 94-9500 [29–31].

314 Transcript, Rufus Black, Hearing Block 12, 18 March 2023, p 94-9500 [32–34].

315 Transcript, Linda Bone, Hearing Block 11, 28 August 2023, p 76-7384 [33–49]; Transcript,
Steven Hill, Hearing Block 11, 28 August 2023, p 76-7371 [36–49].

316 Transcript, Linda Bone, Hearing Block 11, 28 August 2023, p 76-7384 [35–40].

317 Transcript, Carmel Pako, Hearing Block 11, 28 August 2023, p 76-7385 [31–36].

318 Transcript, Tony Venables, Hearing Block 11, 28 August 2023, p 76-7386 [26–29].

319 Exhibit F-08.042, Kaarin Kooij CSC, Director General of the Joint Transition Authority,
Response to Notice to Produce, NTP-DEF-302, DEF.0025.0001.0001 at 0004.

320 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give,
NTG-DEF-150, DEF.9999.0111.0001 at 0012.

321 Exhibit F-08.042, Kaarin Kooij CSC, Director General of the Joint Transition Authority,
Response to Notice to Produce, NTP-DEF-302, DEF.0025.0001.0001 at 0004.

322 PFLR-17 (Transition, Commonwealth response), PFL.0018.0002.0001 at 0012–0013.

323 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give,
NTG-DEF-150, DEF.9999.0111.0001 at 0013.

324 Exhibit G-01.002, Department of Defence, Response to Notice to Give, NTG-DEF-079,
DEF.9999.0155.0001 at 0035 [115].

325 Exhibit F-08.042, Kaarin Kooij, Director General of the Joint Transition Authority, Response
to Notice to Produce, NTP-DEF-302, DEF.0025.0001.0001 at 0003; Transcript, Kaarin Kooij,
Hearing Block 11, 5 September 2023, p 82-8112 [22–26].

326 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary
Interim Report*, September 2021, p 100 [3.14] (Exhibit 01-01.13, Hearing Block 1,
INQ.0000.0001.1584).

327 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary
Interim Report*, September 2021, p 100 [3.14] (Exhibit 01-01.13, Hearing Block 1,
INQ.0000.0001.1584).

328 Transcript, Richard Spencer, Hearing Block 1, 7 December 2021, p 7-627 [19–21].

329 Transcript, Richard Spencer, Hearing Block 1, 7 December 2021, p 7-627 [21–24].

330 Exhibit L-01.033, Suicide Prevention Australia and Mental Health Australia,
SUB.0000.0020.0011 at 0036; Christopher Stone, Submission, ANON-Z1E7-QM9P-E.

331 Exhibit 30-01, Hearing Block 4, Ben Hofmann, Witness Statement, BHO.0000.0001.0001_R
at 0015; Transcript, Jonathan Morgan, Hearing Block 11, 28 August 2023, p 76-7364 [4–11].

332 Exhibit 57-01.001, Hearing Block 8, Kylie Reynolds, Witness Statement,
KRE.0000.0001.0014_R at 0041 [164]; Exhibit 30-01, Hearing Block 4, Ben Hofmann, Witness
Statement, BHO.0000.0001.0001_R at 0015 [94–95].

333 Exhibit 30-01, Hearing Block 4, Ben Hofmann, Witness Statement, BHO.0000.0001.0001_R
at 0015 [94–95].

334 Transcript, Jeff Sengelman, Hearing Block 12, 7 March 2024, pp 89-8859 [43]–89-8860 [9].

335 Exhibit 57-01.001, Hearing Block 8, Kylie Reynolds, Witness Statement,
KRE.0000.0001.0014_R at 0041–0042 [164–165].

336 Transcript, Kieran McCarthy, Hearing Block 1, 8 December 2021, pp 8-751 [9]–8-752 [24].

337 Transcript, Natasha Cole, Hearing Block 12, 6 March 2024, pp 88-8751 [38]–88-8752 [6].

338 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9388 [32–39].

339 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, pp 93-9387 [46], 93-9388 [3–25],
93-9389 [15].

340 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9404 [40–41].

341 Exhibit 08-03, Hearing Block 1, Name withheld, Witness Statement, SMA.0000.0001.0001
at 0014 [59–60], 0015 [66], 0016 [68–70], 0017 [71–73]; Exhibit 30-01, Hearing Block 4,
Ben Hofmann, Witness Statement, BHO.0000.0001.0001_R at 0013 [82–83], 0015 [96];
Exhibit 43-02.001, Hearing Block 6, Gavin Tunstall, Witness Statement, GTU.0000.0001.0001
at 0013 [94]; Exhibit 12-03.001, Hearing Block 2, Danny Liversidge, Witness Statement,
DLI.0000.0001.0007 at 0013 [50–51], 0014 [52–57]; Exhibit 53-01.001, Hearing Block 7,
Paul Walker, Witness Statement, PAW.0000.0001.0001 at 0010 [61]; Exhibit 49-03.001,
Hearing Block 7, Justin Huggett, Witness Statement, JHG.0000.0001.0001 at 0013 [56],
0022 [104]; Exhibit 55-02.001, Hearing Block 8, James Geercke, Witness Statement,
JGE.0000.0001.0001 at 0019 [126], 0020 [138]; Exhibit 69-01.001, Hearing Block 10,
William Kearney, Witness Statement, WIK.0000.00001.0001 at 0006 [27–33].

342 Exhibit 40-1, Hearing Block 5, Kylie James, Witness Statement, 22 June 2022,
KJA.0000.0001.0009 at 0018 [70].

343 Exhibit 40-1, Hearing Block 5, Kylie James, Witness Statement, 22 June 2022, KJA.0000.0001.0009 at 0018 [72].

344 Exhibit 73-01.061, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, MoU Defence and DVA, DEF.1114.0001.0997; Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0048; Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0005; Exhibit G-01.002, Department of Defence, Response to Notice to Give, NTG-DEF-079, DEF.9999.0155.0001 at 0035.

345 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0048; Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0004.

346 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0004.

347 Exhibit 73-01.061, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, MoU Defence and DVA_2, DEF.1114.0001.0997 at 1006, 1007, 1008, 1013.

348 Exhibit 73-01.061, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, MoU Defence and DVA_2, DEF.1114.0001.0997 at 1006.

349 Exhibit 73-01.061, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, MoU Defence and DVA_2, DEF.1114.0001.0997 at 1015, 1016.

350 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0035.

351 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0034–0035.

352 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0026, 0034; Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0047.

353 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0033; Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9361 [34–45].

354 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9362 [4–5].

355 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9361 [18–22].

356 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, pp 93-9360 [46]–93-9361 [6].

357 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0033.

358 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0033; Exhibit 101-03.002, Hearing Block 12, Department of Defence Response to Notice to Produce, NTP-DEF-344, Enterprise Business Committee 23 November 2023: EBC 2023/2972 Interim Workforce Plan – Status Report, DEF.1344.0001.0054 at 0056; Exhibit V-01.007, Department of Defence, Response to Notice to Produce, NTP-DEF-407, Defence/DVA Links Steering Committee 7 March 2024 – Item 13: Joint Transition Authority Update, DEF.1407.0001.0035 at 0037.

359 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0026.

360 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0003.

361 Transcript, Jeff Sengelman, Hearing Block 12, 7 March 2024, p 89-8861 [15–19].

362 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, Final report: Findings and Recommendations, March 2017, pp 20–22, 33–34 (Exhibit 01-01.008, INQ.0000.0001.1488); Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 190 (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).

363 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, Overview & Recommendations, p 5 (Exhibit 01-01.009, Hearing Block 1, INQ.0000.0001.2216).

364 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, Overview & Recommendations, p 5 (Exhibit 01-01.009, Hearing Block 1, INQ.0000.0001.2216).

365 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 75,
[Recommendation 17.4] (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).

366 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 50
[Recommendation 7.1] (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).

367 Exhibit 82-03.026, Hearing Block 11, Department of Defence, Response to Notice to Produce,
NTP-DEF-114-01, Attachment A – Protecting Lifetime Wellbeing of ADF Personnel Framework
Action Plan Stage Two Document, DEF.1114.0001.0403 at 0405.

368 Interim National Commissioner for Defence and Veteran Suicide Prevention,
Preliminary Interim Report, September 2021, p 192 (Exhibit 01-01.13, Hearing Block 1,
INQ.0000.0001.1584).

369 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary
Interim Report*, September 2021, pp 219–21 (Exhibit 01-01.13, Hearing Block 1,
INQ.0000.0001.1584).

370 Transcript, Angus Campbell, Hearing Block 12, 28 March 2024, p 101-10557 [9–21];
Transcript, Simon Stuart, Hearing Block 12, 22 March 2024, p 98-9989 [16–20]; Transcript,
Richard Marles, Hearing Block 12, 7 March 2024, pp 89-8882 [41–44], 89-8875 [30–39].

371 Exhibit 87-01.006, Hearing Block 12, Greg Moriarty, Witness Statement, DEF.9999.0146.0030
at 0082 [216].

372 Exhibit 87-01.006, Hearing Block 12, Greg Moriarty, Witness Statement, DEF.9999.0146.0030
at 0086 [235].

373 Exhibit 87-01.006, Hearing Block 12, Greg Moriarty, Witness Statement, DEF.9999.0146.0030
at 0086 [234].

374 Exhibit 87-01.006, Hearing Block 12, Greg Moriarty, Witness Statement, DEF.9999.0146.0030
at 0086 [234–238].

375 Exhibit 87-01.006, Hearing Block 12, Greg Moriarty, Witness Statement, DEF.9999.0146.0030
at 0086 [234–238].

376 Exhibit 87-01.006, Hearing Block 12, Greg Moriarty, Witness Statement, DEF.9999.0146.0030
at 0086 [238].

377 Exhibit 16-01.060, Hearing Block 3, Department of Defence, Response to Notice to Give,
NTG-DEF-008, DEF.9999.0001.0263 at 0277.

378 Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce,
NTP-DEF-196-01, Selves in Transition, DEF.1196.0001.1475 at 1480.

379 Exhibit 82-03.026, Hearing Block 11, Department of Defence, Response to Notice to Produce,
NTP-DEF-114-01, Attachment A – Protecting Lifetime Wellbeing of ADF Personnel Framework,
Stage Two Document, 18 January 2022, DEF.1114.0001.0403.

380 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give,
NTG-DEF-150, DEF.9999.0111.0001.

381 Interim National Commissioner for Defence and Veteran Suicide Prevention,
Preliminary Interim Report, September 2021, p 198 (Exhibit 01-01.13, Hearing Block 1,
INQ.0000.0001.1584).

382 Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce,
NTP-DEF-196-01, Selves in Transition, DEF.1196.0001.1475 at 1514.

383 Canadian Armed Forces and Veterans Affairs Canada, *Joint Suicide Prevention Strategy*,
October 2017, pp 10, 16; Exhibit 28-02.002, Hearing Block 4, Department of Defence,
Response to Notice to Give, NTG-DEF-001, DEF.9999.0001.0001 at 0057 [259(e)].

384 Canadian Armed Forces and Veterans Affairs Canada, *Joint Suicide Prevention Strategy*,
October 2017, p 27.

385 Canadian Armed Forces and Veterans Affairs Canada, *Joint Suicide Prevention Strategy*,
October 2017, p 27; Veterans Affairs Canada, 'CAF/VAC Joint Suicide Prevention
Strategy: VAC Action Plan Implementation Updates', webpage, last updated 25 April 2023,
[www.veterans.gc.ca/eng/about-vac/publications-reports/reports/CAF-VAC-joint-suicide-
prevention-strategy](http://www.veterans.gc.ca/eng/about-vac/publications-reports/reports/CAF-VAC-joint-suicide-prevention-strategy), viewed 19 March 2024.

386 Canadian Armed Forces and Veterans Affairs Canada, *Joint Suicide Prevention Strategy*,
October 2017, pp 10, 16; Exhibit 28-02.002, Hearing Block 4, Department of Defence,
Response to Notice to Give, NTG-DEF-001, DEF.9999.0001.0001 at 0057 [259(f)].

387 Canadian Armed Forces and Veterans Affairs Canada, *Joint Suicide Prevention Strategy*,
October 2017, p 27.

388 Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce,
NTP-DEF-196-01, Selves in Transition, DEF.1196.0001.1475 at 1514.

389 Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce,
NTP-DEF-196-01, Selves in Transition, DEF.1196.0001.1475 at 1516.

390 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 31,
320 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).

391 United States of America Department of Defense and Department of Veterans Affairs Joint
Executive Committee, *Joint Strategic Plan Fiscal Years 2022–2027*, 2022, p 11.

392 United States of America Department of Defense and Department of Veterans Affairs Joint
Executive Committee, *Joint Strategic Plan Fiscal Years 2022–2027*, 2022, p 11.

393 United States of America Department of Defense, *Transition Assistance Initial
Self-Assessment Worksheet*, January 2021; United States of America Department of
Defense, *DoD Instruction 1332.35 Transition Assistance Program (TAP) For Military
Personnel*, September 2019, p 31.

394 United States of America Department of Defense and Department of Veterans Affairs Joint
Executive Committee, *Joint Strategic Plan Fiscal Years 2022–2027*, 2022, p 20.

395 United States Marine Corp, 'Transition Readiness Program', webpage, [www.tecom.marines.
mil/Units/Headquarters-Battalion/Transition-Readiness-Program](http://www.tecom.marines.mil/Units/Headquarters-Battalion/Transition-Readiness-Program), viewed 14 March 2024.

396 United States of America Department of Defense, 'Transition Assistance Program: Capstone',
webpage, www.dodtap.mil/dodtap/app/transition/capstone, viewed 14 March 2024.

397 Government of the United States, *Memorandum of Understanding Regarding the Transition
Assistance Program for Separating Service Members*, April 2013, p 13 [i–iii]; United States
Department of Veterans Affairs, 'Outreach, Transition and Economic Development', webpage,
last updated 17 January 2024, [https://benefits.va.gov/transition/frequently-asked-questions.
asp#FAQ20](https://benefits.va.gov/transition/frequently-asked-questions.asp#FAQ20), viewed 14 March 2023.

398 United States of America Government Publishing Office, *Transition Assistance Program
(TAP) for Military Personnel*, 2016, p 588; United States Government Accountability Office,
*Transitioning Veterans: DoD Needs to Improve Performance Reporting and Monitoring for the
Transition Assistance Program*, GAO-18-23, November 2017, pp 1–2, 5.

399 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9692 [13–22].

400 Transcript, Simon Stuart, Hearing Block 12, 22 March 2024, p 98-9981 [41–45].

401 United States Government Accountability Office, *Veterans Benefits: VA Could Enhance
Outreach for Its Solid Start Program by Increasing Collaboration with Veterans Organizations*,
GAO-23-105699, 2023, p 5.

402 United States Government Accountability Office, *Veterans Benefits: VA Could Enhance
Outreach for Its Solid Start Program by Increasing Collaboration with Veterans Organizations*,
GAO-23-105699, 2023, pp 5–6.

403 United States Government Accountability Office, *Veterans Benefits: VA Could Enhance
Outreach for Its Solid Start Program by Increasing Collaboration with Veterans Organizations*,
GAO-23-105699, 2023, p 5.

404 United States Government Accountability Office, *Veterans Benefits: VA Could Enhance
Outreach for Its Solid Start Program by Increasing Collaboration with Veterans Organizations*,
GAO-23-105699, 2023, p 7.

405 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9360 [34–36].

406 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, pp 93-9357 [22–37],
93-9358 [8–24].

407 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9358 [25–30].

408 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9350 [31–47].

409 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9404 [30–45].

410 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, pp 93-9358 [40–47],
93-9359 [16–17].

411 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving
Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 130
(Exhibit L-01.105, DVS.2222.0001.4848).

412 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving
Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, pp 129–142
(Exhibit L-01.105, DVS.2222.0001.4848).

413 M Romaniuk and C Kidd, 'The Psychological Adjustment Experience of Reintegration
Following Discharge from Military Service: a Systemic Review', *Journal of Military and
Veterans' Health*, vol 26, 2, 2018 (Exhibit 01-05.012, Hearing Block 1, EXP.0001.0017.0329).

- 414 Transcript, Kylie James, Hearing Block 5, 30 June 2022, p 40-3875 [6–11]; Transcript, Mark Schröffel, Hearing Block 4, 13 April 2022, p 30-2890 [36–38].
- 415 Transcript, Kate-Frances Duffy, Hearing Block 11, 28 August 2023, p 76-7355 [49–51].
- 416 Transcript, Kate-Frances Duffy, Hearing Block 11, 28 August 2023, p 76-7368 [4–6].
- 417 M Romaniuk and C Kidd, 'The Psychological Adjustment Experience of Reintegration Following Discharge from Military Service: a Systemic Review', *Journal of Military and Veterans' Health*, vol 26, 2, 2018, p 63 (Exhibit 01-05.012, Hearing Block 1, EXP.0001.0017.0329).
- 418 Transcript, Mark Schröffel, Hearing Block 4, Canberra, 13 April 2022, pp 30-2887 [20–21], 30-2888 [5–6].
- 419 Transcript, Mark Schröffel, Hearing Block 4, 13 April 2022, p 30-2888 [12].
- 420 Transcript, Mark Schröffel, Hearing Block 4, 13 April 2022, p 30-2888 [20–21].
- 421 Transcript, Mark Schröffel, Hearing Block 4, 13 April 2022, p 30-2888 [26–27].
- 422 Transcript, Lee Bailey, Hearing Block 1, 9 December 2021, p 9-835 [13–25].
- 423 Transcript, Lee Bailey, Hearing Block 1, 9 December 2021, p 9-833 [1–4].
- 424 Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Selves in Transition, DEF.1196.0001.1475 at 1488.
- 425 EA Caspar and others, 'The Effect of Military Training on the Sense of Agency and Outcome Processing', *Nature Communications*, vol 11, 4366, 2020 (Exhibit 101-03.048, Hearing Block 12, STU.0000.0004.0613); HR Lieberman and others, 'Female Marine Recruit Training: Mood, Body Composition, and Biochemical Changes', *Medicine and Science in Sports and Exercise*, vol 40, 11, 2008 (Exhibit 101-03.049, Hearing Block 12, STU.0000.0004.0642); Major A Steadman, 'Neuroscience for Combat Leaders', *Military Review*, May-June, 2011 (Exhibit 101-03.050, Hearing Block 12, STU.0000.0004.0664); RR Vickers and others, 'Personality Changes During Military Basic Training', *Naval Health Research Center Report*, No. 97-34, 1996; HR Lieberman and others, 'Positive Effects of Basic Training and Cognitive Performance and Mood of Adult Females', *Human Factors: The Journal of the Human Factors and Ergonomics Society*, vol 56, 6, 2014 (Exhibit 101-03.052, Hearing Block 12, STU.0000.0004.0631).
- 426 Exhibit 101-03.003, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-299-01, Character in the Profession of Arms, DEF.1299.0002.0001 at 0015.
- 427 Exhibit 101-03.003, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-299-01, Character in the Profession of Arms, DEF.1299.0002.0001 at 0015.
- 428 M Romaniuk and C Kidd, 'The Psychological Adjustment Experience of Reintegration Following Discharge from Military Service: a Systemic Review', *Journal of Military and Veterans' Health*, vol 26, 2, 2018, p 63 (Exhibit 01-05.012, Hearing Block 1, EXP.0001.0017.0329).
- 429 Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Selves in Transition, DEF.1196.0001.1475 at 1489.
- 430 HR Atuel and CA Castro, 'Military Cultural Competence', *Clinical Social Work Journal*, vol 46, 2, 2018, p 76 (Exhibit 101-03.039, Hearing Block 12, EXP.0006.0010.0899).
- 431 B Wadham and others, *Mapping Service and Transition to Self-Harm*, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, p 137 (Exhibit F-01.061, DVS.0011.0001.1192).
- 432 Transcript, Jonathan Lane, Hearing Block 4, 4 August 2022, p 43-4257 [14–17].
- 433 Transcript, Jonathan Lane, Hearing Block 4, 4 August 2022, p 43-4257 [22–26].
- 434 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 133 (Exhibit L-01.105, DVS.2222.0001.4848).
- 435 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 133 (Exhibit L-01.105, DVS.2222.0001.4848).
- 436 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 133 (Exhibit L-01.105, DVS.2222.0001.4848).
- 437 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 133 (Exhibit L-01.105, DVS.2222.0001.4848).

438 Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Selves in Transition, DEF.1196.0001.1475 at 1490.

439 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 134 (Exhibit L-01.105, DVS.2222.0001.4848).

440 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 129 (Exhibit L-01.105, DVS.2222.0001.4848).

441 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 135 (Exhibit L-01.105, DVS.2222.0001.4848).

442 Transcript, Jonathan Lane, Hearing Block 4, 4 August 2022, p 43-4248 [40–41].

443 Transcript, Angus Campbell, Hearing Block 12, 28 March 2024, p 101-10308 [31–36].

444 Transcript, Gary Stone, Hearing Block 1, 2 December 2021, p 4-383 [23, 41].

445 Christopher Stone, Suicide Prevention Australia and Mental Health Australia, Submission, ANON-Z1E7-QM9P-E, p [10] of supplementary material.

446 Transcript, Nicola Jamieson, Hearing Block 1, 2 December 2021, p 4-347 [48–49].

447 Transcript, Nicola Jamieson, Hearing Block 1, 2 December 2021, p 4-348 [45–47].

448 Transcript, Nicola Jamieson, Hearing Block 1, 2 December 2021, p 4-351 [32–38].

449 Transcript, Nicola Jamieson, Hearing Block 1, 2 December 2021, p 4-349 [36].

450 Transcript, Gary Stone, Hearing Block 1, 2 December 2021, p 4-382 [1–2].

451 Transcript, Gary Stone, Hearing Block 1, 2 December 2021, p 4-387 [37–38].

452 Transcript, Michael Stone, Hearing Block 1, 29 November 2021, p 1-97 [44–50].

453 Transcript, Michael Stone, Hearing Block 1, 29 November 2021, p 1-97 [36].

454 Department of Veterans' Affairs, 'Continuing Veterans' Access to Health and Support', Budget 2024–25 Information Sheet, undated, (Exhibit OO-01.012, DVS.6666.0001.5806).

455 Department of Veterans' Affairs, 'Continuing Veterans' Access to Health and Support', Budget 2024–25 Information Sheet, undated, (Exhibit OO-01.012, DVS.6666.0001.5806).

456 Department of Veterans' Affairs, 'Veterans' Chaplaincy Pilot Program', webpage, last updated 27 July 2023, www.dva.gov.au/get-support/transitioning-civilian-life/veterans-chaplaincy-pilot-program, viewed 20 November 2023 (Exhibit L-01.110, DVS.2222.0001.4981).

457 M Romaniuk and C Kidd, 'The Psychological Adjustment Experience of Reintegration Following Discharge from Military Service: a Systemic Review', *Journal of Military and Veterans' Health*, vol 26, 2, 2018, p 60 (Exhibit 01-05.012, Hearing Block 1, EXP.0001.0017.0329).

458 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 134 (Exhibit L-01.105, DVS.2222.0001.4848).

459 MC Mobbs and GA Bonanno, 'Beyond War and PTSD: The Crucial Role of Transition Stress in the Lives of Military Veterans', *Clinical Psychology Review*, vol 59, 2018, p 137.

460 MC Mobbs and GA Bonanno, 'Beyond War and PTSD: The Crucial Role of Transition Stress in the Lives of Military Veterans', *Clinical Psychology Review*, vol 59, 2018, p 138.

461 MC Mobbs and GA Bonanno, 'Beyond War and PTSD: The Crucial Role of Transition Stress in the Lives of Military Veterans', *Clinical Psychology Review*, vol 59, 2018, p 138.

462 Transcript, Mark Schröfel, Hearing Block 4, 13 April 2022, p 30-2887 [13–14].

463 Transcript, Jonathan Lane, Hearing Block 6, 4 August 2022, p 43-4245 [4–7].

464 Transcript, Jonathan Lane, Hearing Block 6, 4 August 2022, pp 43-4243 [46–50], 43-4244 [1].

465 Transcript, Jonathan Lane, Hearing Block 6, 4 August 2022, p 43-4244 [11–14].

466 Transcript, Jonathan Lane, Hearing Block 6, 4 August 2022, p 43-4244 [18–21].

467 Transcript, Jonathan Lane, Hearing Block 6, 4 August 2022, p 43-4244 [23–26].

468 Transcript, Jonathan Lane, Hearing Block 6, 4 August 2022, pp 43-4244 [47–48], 43-4245 [1–2].

469 Transcript, Jonathan Lane, Hearing Block 6, 4 August 2022, p 43-4245 [24–28].

470 John-Davide Greiling, Submission, ANON-Z1E7-QWB6-7, p [15] of supplementary material.

471 Transcript, Jonathan Lane, Hearing Block 6, 4 August 2022, p 43-4245 [32–33].

472 Transcript, Jonathan Lane, Hearing Block 6, 4 August 2022, p 43-4246 [15–34].

473 Transcript, Jonathan Lane, Hearing Block 6, 4 August 2022, pp 43-4246 [42–50], 43-4247 [1–2].

474 Transcript, Jonathan Lane, Hearing Block 6, 4 August 2022, p 43-4247 [29–36].

475 Transcript, David Forbes, Hearing Block 6, 9 August 2022, p 46-4536 [28].

476 Transcript, David Forbes, Hearing Block 6, 9 August 2022, p 46-4537 [46–49].

477 Transcript, David Forbes, Hearing Block 6, 9 August 2022, p 46-4540 [5–6].

478 Transcript, David Forbes, Hearing Block 6, 9 August 2022, pp 46-4539 [18–27], 46-4540 [1–4].

479 M Van Hooff and others, Department of Defence and the Department of Veterans' Affairs, *Mental Health Prevalence, Mental Health and Wellbeing Transition Study*, 2018, pp viii, 16, 173–78 (Exhibit I-01.007, DVS.2222.0001.5546).

480 Transcript, David Forbes, Hearing Block 6, 9 August 2022, p 46-4540 [47–50].

481 AB Adler and others, 'Association of Problematic Anger with Long-Term Adjustment Following the Military-to-Civilian Transition', *JAMA Network Open*, vol 5, 7, 2022, p 1 (Exhibit 46-04.004, Hearing Block 6, DFO.0000.0001.0247).

482 Annabelle Wilson, Submission, ANON-Z1E7-QWF7-C, p [14] of supplementary material.

483 Name withheld, Submission, ANON-Z1E7-QM7B-X, p [3]; Name withheld, Submission, ANON-Z1E7-Q89F-F, p [3]; Simon Moore-Wilton, Submission, ANON-Z1E7-QXTM-H, p [2]; Alan Sparks, Submission, ANON-Z1E7-Q1C2-X, p [4]; Name withheld, Submission, ANON-Z1E7-Q1KT-8, p [2]; Carl Schiller, Submission, ANON-Z1E7-Q88F-E, p [3]; Rowan King, Submission, ANON-Z1E7-Q8FE-U, p [7]; John Sholl, Submission, ANON-Z1E7-QEMT-X, p [2]; Adriel Burley, Submission, ANON-Z1E7-QF8H-X, pp [2–3]; Name withheld, Submission, ANON-Z1E7-QM71-D, p [2].

484 Transcript, Jeff Sengelman, Hearing Block 12, 7 March 2024, p 89-8859 [14–18].

485 Name withheld, Submission, ANON-Z1E7-Q9MT-J, p [4].

486 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 132 (Exhibit L-01.105, DVS.2222.0001.4848).

487 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 132 (Exhibit L-01.105, DVS.2222.0001.4848).

488 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 134 (Exhibit L-01.105, DVS.2222.0001.4848).

489 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 134 (Exhibit L-01.105, DVS.2222.0001.4848).

490 Transcript, Christine Stirling, Hearing Block 6, 9 August 2022, p 46-4515 [42–43].

491 Transcript, David Forbes, Hearing Block 6, 9 August 2022, p 46-4547 [35–41].

492 Transcript, Angela Maguire, Hearing Block 4, 12 April 2022, p 29-2692 [29–31].

493 Christopher Stone, Suicide Prevention Australia and Mental Health Australia, Submission, ANON-Z1E7-QM9P-E, p [11] of supplementary material.

494 Transcript, Heston Russell, Hearing Block 1, 3 December 2022, p 5-484 [9–15].

495 NC Kerr and others, 'The "Transition" to Civilian Life From the Perspective of Former Serving Australian Defence Force Members', *Journal of Veterans Studies*, vol 9, 1, 2023, p 134 (Exhibit L-01.105, DVS.2222.0001.4848).

496 Name withheld, Submission, ANON-Z1E7-QWYU-W, p [3].

497 Australian Institute of Health and Welfare, *Veteran Social Connectedness*, 26 October 2023, p 1 (Exhibit K-01.102, DVS.2222.0001.2562).

498 Australian Institute of Health and Welfare, *Veteran Social Connectedness*, 26 October 2023, p 12 (Exhibit K-01.102, DVS.2222.0001.2562).

499 Australian Institute of Health and Welfare, *Veteran Social Connectedness*, 26 October 2023, p 2 (Exhibit K-01.102, DVS.2222.0001.2562).

500 Australian Institute of Health and Welfare, *Veteran Social Connectedness*, 26 October 2023, p 14 (Exhibit K-01.102, DVS.2222.0001.2562).

501 B Wadham and others, *Mapping Service and Transition to Self-harm and Suicidality*, commissioned by the Royal Commission into Defence and Veteran Suicide, 18 August 2023 (Exhibit F-01.061, DVS.0011.0001.1192).

502 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, Literature Review, March 2017, p 83 (Exhibit F-04.007, DEF.1002.0051.8166).

503 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, Literature Review, March 2017, p 85 (Exhibit F-04.007, DEF.1002.0051.8166).

504 Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, p 71-6860 [8–12].

505 Name withheld, Submission, ANON-Z1E7-Q851-P, p [3].

506 Name withheld, Submission, ANON-Z1E7-Q851-P, p [2].

507 Name withheld, Submission, ANON-Z1E7-Q851-P, p [2]; Daniel Tolley, Submission, ANON-Z1E7-QQ6D-3, p [21–22] of supplementary material; Name withheld, Submission, ANON-Z1E7-QMF5-Z, p [4]; Name withheld, Submission, ANON-Z1E7-QM97-N, p [3]; Name withheld, Submission, ANON-Z1E7-QMS8-G, p [3].

508 Transcript, Miriam Dwyer, Hearing Block 1, 9 December 2021, p 9-856 [16–17].

509 Transcript, Miriam Dwyer, Hearing Block 1, 9 December 2021, p 9-856 [17–23].

510 Transcript, Miriam Dwyer, Hearing Block 1, 9 December 2021, p 9-856 [25–29].

511 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 37 (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).

512 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 37 (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).

513 Exhibit 101-03.001, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, Joint Transition Authority Annual Progress Report 2022, DEF.1114.0001.0855 at 0860.

514 Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Selves in Transition, DEF.1196.0001.1475 at 1479–1482; Exhibit 82-03.016, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Gender in Transition, DEF.1196.0001.1394 at 1399–1403; Exhibit 82-03.015, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Families in Transition, DEF.1196.0001.1346 at 1350–1351; Exhibit 82-03.018, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Sporting Parallels, DEF.1196.0001.1577 at 1582–1584.

515 Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Selves in Transition, DEF.1196.0001.1475 at 1479, 1485; Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0063.

516 Government of Canada, Canadian Armed Forces Transitions Group, *My Transition Guide*, 2020; Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Selves in Transition, DEF.1196.0001.1475 at 1516, 1517.

517 Gallipoli Medical Research Foundation, *Evaluation of the Gallipoli Medical Research Foundation Transition Training Program Pilot for Current Serving Members Separating from the Australian Defence Force*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, pp 20–21 (Exhibit K-01.052, DVS.2222.0001.0759).

518 Gallipoli Medical Research Foundation, *Evaluation of the Gallipoli Medical Research Foundation Transition Training Program Pilot for Current Serving Members Separating from the Australian Defence Force*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, p 75 (Exhibit K-01.052, DVS.2222.0001.0759).

519 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, Recommendation 7.1 (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).

520 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, Recommendation 7.7 (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).

521 Department of Defence, Response to Notice to Give, NTG-DEF-008, DEF.9999.0001.0263 at 0270.

522 Department of Defence, Response to Notice to Give, NTG-DEF-008, DEF.9999.0001.0263 at 0364.

523 Department of Defence, Response to Notice to Give, NTG-DEF-008, DEF.9999.0001.0263 at 0365.

524 Exhibit 82-03.025, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Report on the Feasibility of a Transition Mandatory Course, DEF.1196.0002.0087 at 0090, 0104, 0111; Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0063.

- 525 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0063.
- 526 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0063.
- 527 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0063.
- 528 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0063.
- 529 Exhibit 82-03.025, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Report on the feasibility of a Transition Mandatory Course, DEF.1196.0002.0087 at 0090, 0098.
- 530 Exhibit 82-03.025, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Report on the feasibility of a Transition Mandatory Course, 29 July 2022, DEF.1196.0002.0087 at 0090 [13].
- 531 Exhibit 82-03.025, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Report on the feasibility of a Transition Mandatory Course, 29 July 2022, DEF.1196.0002.0087 at 0095 [25].
- 532 Exhibit 82-03.025, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Report on the feasibility of a Transition Mandatory Course, 29 July 2022, DEF.1196.0002.0087 at 0095 [25].
- 533 Exhibit 82-03.025, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Report on the feasibility of a Transition Mandatory Course, 29 July 2022, DEF.1196.0002.0087 at 0091 [21].
- 534 Exhibit 82-03.025, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Report on the feasibility of a Transition Mandatory Course, 29 July 2022, DEF.1196.0002.0087 at 0094 [23(b)].
- 535 Exhibit 82-03.025, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Report on the feasibility of a Transition Mandatory Course, 29 July 2022, DEF.1196.0002.0087 at 0096 [26].
- 536 Exhibit 82-03.025, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Report on the feasibility of a Transition Mandatory Course, 29 July 2022, DEF.1196.0002.0087 at 0097–0098 [28(c)–29(c)].
- 537 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0062.
- 538 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0063.
- 539 Exhibit 101-03.002, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-344, Enterprise Business Committee 23 November 2023: EBC 2023/2972 Interim Workforce Plan – Status Report, DEF.1344.0001.0054 at 0056.
- 540 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0044.
- 541 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0044.
- 542 Exhibit 101-03.004, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Social Connectivity (CTC) Factsheet No.5, DEF.1196.0002.0678 at 0678.
- 543 Exhibit L-01.122, Department of Defence, Response to Notice to Give, NTG-DEF-205, DEF.9999.0153.0001 at 0006 [14–15], 0007 [17(a)].
- 544 Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Selves in Transition, DEF.1196.0001.1475 at 1503.
- 545 North Atlantic Treaty Organization Science and Technology Organization, *The Transition of Military Veterans from Active Service to Civilian Life*, Final Report of Task Group HFM-263, April 2021, p ES-1.
- 546 Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Selves in Transition, DEF.1196.0001.1475 at 1504.
- 547 Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Selves in Transition, DEF.1196.0001.1475 at 1504.
- 548 Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Selves in Transition, DEF.1196.0001.1475 at 1514, 1516.

- 549 Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Selves in Transition, DEF.1196.0001.1475 at 1516.
- 550 Exhibit 82-03.017, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Selves in Transition, DEF.1196.0001.1475 at 1519.
- 551 Canadian Armed Forces Transition Group, *My Transition Guide*, Version 2.1, 2020, p 13.
- 552 Kevin Cameron, *Presentation to NATO Veterans of Canada*, PowerPoint presentation, 25 March 2019, slide 15 (Exhibit L-01.083, DVS.2222.0001.4018).
- 553 Canadian Armed Forces Transition Group, *My Transition Guide*, Version 2.1, 2020, p 129.
- 554 Survive To Thrive Nation, 'Welcome to Survive to Thrive Nation', webpage, last updated 2024, www.survivetothrivenation.com, viewed 25 March 2024 (Exhibit OO-01.013, DVS.6666.0001.5861).
- 555 Exhibit F-08.047, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, Post War Survive to Thrive National Online Coaching Program Pilot Final Report, DVA.5007.0007.0481 at 0485.
- 556 Exhibit F-08.047, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, Post War Survive to Thrive National Online Coaching Program Pilot Final Report, DVA.5007.0007.0481 at 0483.
- 557 Survive To Thrive Nation, 'Welcome to Survive to Thrive Nation', webpage, last updated 2024, www.survivetothrivenation.com, viewed 25 March 2024 (Exhibit OO-01.013, DVS.6666.0001.5861).
- 558 M Romaniuk and others, 'Evaluation of the Online, Peer Delivered "Post War: Survive to Thrive Program" for Veterans with Symptoms of Posttraumatic Stress Disorder', *Journal of Military and Veteran Health*, vol 27, 2, 2019 (Exhibit L-01.071, DVS.2222.0001.6192).
- 559 M Romaniuk and others, 'Evaluation of the Online, Peer Delivered "Post War: Survive to Thrive Program" for Veterans with Symptoms of Posttraumatic Stress Disorder', *Journal of Military and Veteran Health*, vol 27, 2, 2019 (Exhibit L-01.071, DVS.2222.0001.6192).
- 560 Exhibit F-08.047, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, Post War Survive to Thrive Nation Online Coaching Pilot Final Report, DVA.5007.0007.0481 at 0486.
- 561 Exhibit F-08.047, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, Post War Survive to Thrive Nation Online Coaching Pilot Final Report, DVA.5007.0007.0481 at 0486.
- 562 Exhibit F-08.047, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, Post War Survive to Thrive Nation Online Coaching Pilot Final Report, DVA.5007.0007.0481 at 0483.
- 563 Exhibit F-08.047, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, Post War Survive to Thrive Nation Online Coaching Pilot Final Report, DVA.5007.0007.0481 at 0487.
- 564 Exhibit F-08.047, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, Post War Survive to Thrive Nation Online Coaching Pilot Final Report, DVA.5007.0007.0481 at 0488–0489.
- 565 Exhibit F-08.047, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, Post War Survive to Thrive Nation Online Coaching Pilot Final Report, DVA.5007.0007.0481 at 0491.
- 566 Exhibit F-08.047, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, Post War Survive to Thrive Nation Online Coaching Pilot Final Report, DVA.5007.0007.0481 at 0492.
- 567 Exhibit F-08.047, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, Post War Survive to Thrive Nation Online Coaching Pilot Final Report, DVA.5007.0007.0481 at 0491.
- 568 Exhibit F-08.047, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, Post War Survive to Thrive Nation Online Coaching Pilot Final Report, DVA.5007.0007.0481 at 0492.
- 569 Exhibit F-08.047, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, Post War Survive to Thrive Nation Online Coaching Pilot Final Report, DVA.5007.0007.0481 at 0495.
- 570 Exhibit F-08.047, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, Post War Survive to Thrive Nation Online Coaching Pilot Final Report, DVA.5007.0007.0481 at 0494.

- 571 Exhibit F-08.047, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, Post War Survive to Thrive Nation Online Coaching Pilot Final Report, DVA.5007.0007.0481 at 0495.
- 572 Exhibit F-08.047, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-003, Post War Survive to Thrive Nation Online Coaching Pilot Final Report, DVA.5007.0007.0481 at 0494.
- 573 Open Arms, 'Register for a Stepping Out workshop', webpage, www.openarms.gov.au/about/news/2020/register-stepping-out-workshop, viewed 9 March 2024 (Exhibit OO-01.014, DVS.6666.0001.5856).
- 574 Exhibit V-01.014, Department of Defence, Response to Notice to Produce, NTP-DEF-037-02, ADFRP Goal 3 Rehabilitation Program Workshop, DEF.1037.0002.8962 at 8979.
- 575 Exhibit 43-03.002, Hearing Block 6, Jonathan Lane, Response to Notice to Give, NTG-JLA-001, EXP.0006.0010.1217 at 1217.
- 576 Exhibit 43-03.002, Hearing Block 6, Jonathan Lane, Response to Notice to Give, NTG-JLA-001, EXP.0006.0010.1217 at 1219.
- 577 Military and Emergency Services Health Australia, 'Evaluation of a Pilot Culturally Informed, Transdiagnostic, Skills-based Group Emotional and Relationship Skills (GEARS) Intervention for Military, Veteran and First Responders with Mental Health Injuries', webpage, www.mesha.org.au/research-publications/evaluation-of-a-pilot-culturally-informed-transdiagnostic-skills-based-group-emotional-and-relationship-skills-gears-intervention-for-military-veteran-and-first-responders-with-mental-health-inju, viewed 20 December 2023 (Exhibit L-01.072, DVS.2222.0001.0680).
- 578 Exhibit 43-03.002, Hearing Block 6, Jonathan Lane, Response to Notice to Give, NTG-JLA-001, EXP.0006.0010.1217 at 1280.
- 579 Exhibit 43-03.002, Hearing Block 6, Jonathan Lane, Response to Notice to Give, NTG-JLA-001, EXP.0006.0010.1217 at 1284, 1293–1294.
- 580 Exhibit 43-03.002, Hearing Block 6, Jonathan Lane, Response to Notice to Give, NTG-JLA-001, EXP.0006.0010.1217 at 1247.
- 581 Exhibit 43-03.002, Hearing Block 6, Jonathan Lane, Response to Notice to Give, NTG-JLA-001, EXP.0006.0010.1217 at 1222.
- 582 Exhibit 43-03.002, Hearing Block 6, Jonathan Lane, Response to Notice to Give, NTG-JLA-001, EXP.0006.0010.1217 at 1223.
- 583 Exhibit 43-03.002, Hearing Block 6, Jonathan Lane, Response to Notice to Give, NTG-JLA-001, EXP.0006.0010.1217 at 1229.
- 584 Exhibit 43-03.002, Hearing Block 6, Jonathan Lane, Response to Notice to Give, NTG-JLA-001, EXP.0006.0010.1217 at 1221.
- 585 Military and Emergency Services Health Australia, 'Evaluation of a Pilot Culturally Informed, Transdiagnostic, Skills-based Group Emotional and Relationship Skills (GEARS) Intervention for Military, Veteran and First Responders with Mental Health Injuries', webpage, www.mesha.org.au/research-publications/evaluation-of-a-pilot-culturally-informed-transdiagnostic-skills-based-group-emotional-and-relationship-skills-gears-intervention-for-military-veteran-and-first-responders-with-mental-health-inju, viewed 20 December 2023 (Exhibit L-01.072, DVS.2222.0001.0680).
- 586 Exhibit 43-03.005, Hearing Block 6, GEARS Participant Manual, STU.0001.0001.7319 at 7343.
- 587 Exhibit 43-03.005, Hearing Block 6, GEARS Participant Manual, STU.0001.0001.7319 at 7322–7325.
- 588 Exhibit 43-03.002, Hearing Block 6, Jonathan Lane, Response to Notice to Give, NTG-JLA-001, EXP.0006.0010.1217 at 1248–1249, 1252, 1287–1288.
- 589 Exhibit 43-03.005, Hearing Block 6, GEARS Participant Manual, STU.0001.0001.7319 at 7322–7325, 7334, 7337–7343, 7347–7348, 7354, 7360, 7415; Exhibit 43-03.002, Hearing Block 6, Jonathan Lane, Response to Notice to Give, NTG-JLA-001, EXP.0006.0010.1217 at 1251, 1289.
- 590 Exhibit 43-03.002, Hearing Block 6, Jonathan Lane, Response to Notice to Give, NTG-JLA-001, EXP.0006.0010.1217 at 1251, 1289; Exhibit 43-03.005, Hearing Block 6, GEARS Participant Manual, STU.0001.0001.7319 at 7352, 7354, 7372.
- 591 Exhibit 43-03.002, Hearing Block 6, Jonathan Lane, Response to Notice to Give, NTG-JLA-001, EXP.0006.0010.1217 at 1248.
- 592 K Nilamandhab, 'Cognitive Behavioral Therapy for the Treatment of Post-traumatic Stress Disorder: a Review', *Neuropsychiatric Disease and Treatment*, vol 7, 2011, pp 168–171, 178

- (Exhibit 101-03.053, Hearing Block 12, STU.0000.0004.0434); M Bohus and others, 'Dialectical Behavior Therapy for Posttraumatic Stress Disorder (DBT-PTSD) Compared with Cognitive Processing Therapy (CPT) in Complex Presentations of PTSD in Women Survivors of Childhood Abuse: a Randomised Clinical Trial', *JAMA Psychiatry*, vol 77, 12, 2020 (Exhibit L-01.098, DVS.2222.0001.4566).
- 593 Military and Emergency Services Health Australia, *Evaluation of the Group Emotional and Relationship Skills (GEARS) Intervention among Australian Veterans*, Research Paper, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, p 7 (Exhibit L-01.072, DVA.2222.0001.0680).
- 594 Military and Emergency Services Health Australia, *Evaluation of the Group Emotional and Relationship Skills (GEARS) Intervention among Australian Veterans*, Research Paper, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, p 10 (Exhibit L-01.072, DVA.2222.0001.0680).
- 595 Military and Emergency Services Health Australia, *Evaluation of the Group Emotional and Relationship Skills (GEARS) Intervention among Australian Veterans*, Research Paper, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, p 9 (Exhibit L-01.072, DVA.2222.0001.0680).
- 596 Military and Emergency Services Health Australia, *Evaluation of the Group Emotional and Relationship Skills (GEARS) Intervention among Australian Veterans*, Research Paper, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, p 10 (Exhibit L-01.072, DVA.2222.0001.0680).
- 597 Military and Emergency Services Health Australia, *Evaluation of the Group Emotional and Relationship Skills (GEARS) Intervention among Australian Veterans*, Research Paper, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, p 5 (Exhibit L-01.072, DVA.2222.0001.0680).
- 598 Military and Emergency Services Health Australia, *Evaluation of the Group Emotional and Relationship Skills (GEARS) Intervention among Australian Veterans*, Research Paper, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, p 5 (Exhibit L-01.072, DVA.2222.0001.0680).
- 599 Military and Emergency Services Health Australia, *Evaluation of the Group Emotional and Relationship Skills (GEARS) Intervention among Australian Veterans*, Research Paper, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, p 5 (Exhibit L-01.072, DVA.2222.0001.0680).
- 600 Military and Emergency Services Health Australia, *Evaluation of the Group Emotional and Relationship Skills (GEARS) Intervention among Australian Veterans*, Research Paper, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, p 5 (Exhibit L-01.072, DVA.2222.0001.0680).
- 601 Gallipoli Medical Research Foundation, *Feasibility, Acceptability, and Initial Outcomes of the GMRF Transition Training Program Pilot (TTPP), an Adjustment and Reintegration Training Program for Current Serving Members Separating from the Australian Defence Force*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, p 22 (Exhibit K-01.052, DVS.2222.0001.0759).
- 602 Gallipoli Medical Research Foundation, *Feasibility, Acceptability, and Initial Outcomes of the GMRF Transition Training Program Pilot (TTPP), an Adjustment and Reintegration Training Program for Current Serving Members Separating from the Australian Defence Force*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, p 22 (Exhibit K-01.052, DVS.2222.0001.0759).
- 603 Gallipoli Medical Research Foundation, *Feasibility, Acceptability, and Initial Outcomes of the GMRF Transition Training Program Pilot (TTPP), an Adjustment and Reintegration Training Program for Current Serving Members Separating from the Australian Defence Force*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, pp 10, 56–57 (Exhibit K-01.052, DVS.2222.0001.0759).
- 604 Gallipoli Medical Research Foundation, *Feasibility, Acceptability, and Initial Outcomes of the GMRF Transition Training Program Pilot (TTPP), an Adjustment and Reintegration Training Program for Current Serving Members Separating from the Australian Defence Force*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, p 11 (Exhibit K-01.052, DVS.2222.0001.0759).
- 605 Gallipoli Medical Research Foundation, *Feasibility, Acceptability, and Initial Outcomes of the GMRF Transition Training Program Pilot (TTPP), an Adjustment and Reintegration Training*

- Program for Current Serving Members Separating from the Australian Defence Force*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, p 12 (Exhibit K-01.052, DVS.2222.0001.0759).
- 606 A Barnett and others, 'Transitioning to Civilian Life: the Importance of Social Group Engagement and Identity Among Australian Defence Force Veterans', *Australian & New Zealand Journal of Psychiatry*, vol 56, 8, 2021 (Exhibit 08-06.014, Hearing Block 1, EXP.0001.0010.0119).
- 607 A Barnett and others, 'Transitioning to Civilian Life: the Importance of Social Group Engagement and Identity Among Australian Defence Force Veterans', *Australian & New Zealand Journal of Psychiatry*, vol 56, 8, 2021 (Exhibit 08-06.014, Hearing Block 1, EXP.0001.0010.0119).
- 608 A Barnett and others, 'Transitioning to Civilian Life: the Importance of Social Group Engagement and Identity Among Australian Defence Force Veterans', *Australian & New Zealand Journal of Psychiatry*, vol 56, 8, 2021 (Exhibit 08-06.014, Hearing Block 1, EXP.0001.0010.0119).
- 609 CE Drebing and others, 'Using Peer Support Groups to Enhance Community Integration of Veterans in Transition,' *Psychological Services*, vol 15, 2, 2018 (Exhibit 03-01.008, Hearing Block 1, DFA.0000.0001.0975).
- 610 T Varker and others, *ADF members and ex-members suicide literature review: an update*, Report prepared for the Royal Commission into Defence and Veteran Suicide, August 2023, p 77 (Exhibit L-01.026, DVS.2222.0001.0531).
- 611 Exhibit 101-03.005, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-TAL-001-01, Defence Security Principles Framework, TAL.1001.0001.4150 at 4709 [105].
- 612 Exhibit 101-03.005, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-TAL-001-01, Defence Security Principles Framework, TAL.1001.0001.4150 at 4723–4732.
- 613 David Andrew Bennett, Submission, ANON-Z1E7-Q8EQ-6, p [2]; Name withheld, Submission, ANON-Z1E7-QW5K-F, pp [3–4]; Name withheld, Submission, ANON-Z1E7-Q9YB-C, p [2]; Name withheld, Submission, ANON-Z1E7-QE8A-P, p [2]; John David Jones, Submission, ANON-Z1E7-QQ55-K, p [2]; Transcript, Nicholas Foxall, Hearing Block 9, 18 May 2023, pp 61-5963 [42–47], 61-5964 [0–9].
- 614 Transcript, Commissioner, Hearing Block 5, 20 June 2022, p 32-3087 [15–16].
- 615 Transcript, Kahlil Fegan, Hearing Block 5, 20 June 2022, p 32-3087 [19–23].
- 616 Transcript, Heston Russell, Hearing Block 1, 3 December 2022, p 5-484 [9–15].
- 617 Exhibit 05-01.002, Hearing Block 1, Veteran Support Force, Response to Notice to Give, NTG-VSF-001, VSF.0000.0001.0014 at 0020.
- 618 Exhibit 05-01.002, Hearing Block 1, Veteran Support Force, Response to Notice to Give, NTG-VSF-001, VSF.0000.0001.0014 at 0020.
- 619 Name withheld, Submission, ANON-Z1E7-QZ5Z-1, p [2].
- 620 Exhibit 05-01.002, Hearing Block 1, Veteran Support Force, Response to Notice to Give, NTG-VSF-001, VSF.0000.0001.0014 at 0020.
- 621 Transcript, Nicholas Foxall, Hearing Block 9, 18 May 2023, pp 61-5963 [34–47], 61-5964 [0–9].
- 622 Military.com, 'Everything Veterans Need to Know About Accessing On-Base Benefits', webpage, last updated 28 February 2020, www.military.com/benefits/veteran-benefits/everything-veterans-need-know-about-accessing-base-benefits.html, viewed 20 December 2023 (Exhibit L-01.091, DVS.2222.0001.4529).
- 623 Garrison News, 'Introducing the CFB Kingston Military Veteran Plus Program: a Health and Wellness Program Specially Designed for Military Veterans,' webpage, <https://kingstongarrisonnews.ca/index.php/introducing-the-cfb-kingston-military-veterans-program-plus-a-health-and-wellness-program-specially-designed-for-military-veterans/2020/01/13>, viewed 26 March 2024 (Exhibit 101-03.054, Hearing Block 12, STU.0000.0004.0623).
- 624 Garrison News, 'Introducing the CFB Kingston Military Veteran Plus Program: a Health and Wellness Program Specially Designed for Military Veterans,' webpage, <https://kingstongarrisonnews.ca/index.php/introducing-the-cfb-kingston-military-veterans-program-plus-a-health-and-wellness-program-specially-designed-for-military-veterans/2020/01/13>, viewed 26 March 2024 (Exhibit 101-03.054, Hearing Block 12, STU.0000.0004.0623).
- 625 New Zealand Defence Force, *A Practical Guide to Transitioning from Military to Civilian Life*, 2021, p 111.

- 626 Exhibit 43-03.002, Hearing Block 6, Jonathan Lane, Response to Notice to Give, NTG-JLA-001, EXP.0006.0010.1217 at 1256; HR Atuel and CA Castro, 'Military Cultural Competence', *Clinical Social Work Journal*, vol 46, 2018, p 4.
- 627 Exhibit 43-03.002, Hearing Block 6, Jonathan Lane, Response to Notice to Give, NTG-JLA-001, EXP.0006.0010.1217 at 1256; HR Atuel and CA Castro, 'Military Cultural Competence', *Clinical Social Work Journal*, vol 46, 2018, p 4.
- 628 Transcript, Mark Schröffel, Hearing Block 4, 13 April 2022, p 30-2890 [36–38].
- 629 Transcript, Steven D'Alessandro, Hearing Block 6, 9 August 2022, p 46-4517 [4–6].
- 630 Transcript, Steven D'Alessandro, Hearing Block 6, 9 August 2022, p 46-4517 [22–24].
- 631 Daniel Shirkie, 'Townsville encouraged to help her veterans adjust to life after service', *Townsville Bulletin*, 9 September 2023, viewed 8 May 2024 (Exhibit DD-01.001, DVS.5555.0001.0001).
- 632 Daniel Shirkie, 'Townsville encouraged to help her veterans adjust to life after service', *Townsville Bulletin*, 9 September 2023, viewed 8 May 2024 (Exhibit DD-01.001, DVS.5555.0001.0001).
- 633 Transcript, Steven D'Alessandro, Hearing Block 6, 9 August 2022, p 46-4516 [44–45].
- 634 Transcript, Steven D'Alessandro, Hearing Block 6, 9 August 2022, p 46-4516 [45–49].
- 635 Transcript, Amanda Neil, Hearing Block 6, 9 August 2022, p 46-4520 [30–39].
- 636 Transcript, David Forbes, Hearing Block 6, 9 August 2022, p 46-4516 [8–10, 12–15].
- 637 Suicide Prevention Australia and Mental Health Australia, Submission, ANON-Z1E7-QM9P-E, p [22] of supplementary material.
- 638 Exhibit 101-03.006, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-009-04, Monitoring, Reporting & Evaluation Framework for Veteran Wellbeing Centres: Project report, DVA.5011.0008.0748 at 0753.
- 639 Department of Veterans' Affairs, 'Veterans' and Families' Hubs', webpage, last updated 21 November 2023, www.dva.gov.au/get-support/health-support/work-and-social-life-programs/work-and-social-support/veterans-and-families-hubs, viewed 27 November 2023 (Exhibit L-01.027, DVS.2222.0001.1404).
- 640 Department of Veterans' Affairs, 'Veterans' and Families' Hubs', webpage, last updated 21 November 2023, www.dva.gov.au/get-support/health-support/work-and-social-life-programs/work-and-social-support/veterans-and-families-hubs, viewed 27 November 2023 (Exhibit L-01.027, DVS.2222.0001.1404).
- 641 Transcript, Kate Pope, Hearing Block 6, 4 August 2022, p 43-4164 [36–40].
- 642 Transcript, Elizabeth Cosson, Hearing Block 4, 14 April 2022, p 31-2976 [38–40].
- 643 Exhibit L-01.074, Australian Institute of Family Studies, Response to Notice to Produce, NTP-AIF-001-01, AIF.0001.0001.1762 at 1783.
- 644 Australian Institute of Family Studies, *Transition and Wellbeing Research Program: Family Wellbeing Study*, 2018, SUB.0000.0106.3221 at 3225, 3232 (Exhibit 20-03.046, Hearing Block 3, DEF.0001.0001.5958); Exhibit F.05.017, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-050, DVA.5045.0001.0710 at 0735.
- 645 Transcript, Natasha Fox, Hearing Block 3, 15 March 2022, p 21-1907 [37–40].
- 646 Transcript, Gwen Cherne, Hearing Block 11, 31 August 2023, p 79-7618 [5–15].
- 647 Transcript, Gwen Cherne, Hearing Block 11, 31 August 2023, p 79-7618 [17–20].
- 648 D Dunt, *Review of Mental Health Care in the ADF and Transition through Discharge*, January 2009, pp 132–33 (Exhibit 01-01.01, Hearing Block 1, INQ.0000.0001.2000); National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, Final report: Findings and Recommendations, March 2017, p 21, (Exhibit 01-01.08, Hearing Block 1, INQ.0000.0001.1488); Department of Defence and Department of Veterans' Affairs, *Transition taskforce: Improving the transition experience*, 2018, p 47 (Exhibit 21-01.001, Hearing Block 3, AWW.0000.0001.0697); Australian Institute of Family Studies, *Transition and Wellbeing Research Program: Family Wellbeing Study*, 2018, pp 359–65 (Exhibit 20-03.046, Hearing Block 3, DEF.0001.0001.5958); Productivity Commission, *A Better Way to Support Veterans*, No. 93, vol 1, 2019, pp 284, 313 (Exhibit 01-01.010, Hearing Block 1, INQ.0000.0001.2299); Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, pp 205–206 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584); Exhibit 82-03.015, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, *Families in Transition*, DEF.1196.0001.1346 at 1383.

- 649 Australian Bureau of Statistics, 'Australian Defence Force service', webpage, last updated
29 June 2022, www.abs.gov.au/articles/australian-defence-force-service, viewed 5 April 2024
(Exhibit F-04.046, DVS.1111.0001.2037).
- 650 Australian Institute of Family Studies, *Transition and Wellbeing Research Program: Family
Wellbeing Study*, 2018, p 334 (Exhibit 45-05.019, Hearing Block 6, AIF.0001.0001.0658);
Productivity Commission, *A Better Way to Support Veterans*, No. 93, vol 1, 2019, pp 312–13
(Exhibit 01-01.010, Hearing Block 1, INQ.0000.0001.2299); Exhibit F.05.017, Department of
Veterans' Affairs, Response to Notice to Produce, NTP-DVA-050, DVA.5045.0001.0710 at
0718; Department of Veterans' Affairs, *What are the family protective factors for members
transitioning from Defence service? Summary of the Rapid Evidence Assessment*, 2015,
p 4 (Exhibit L-01.101, DVS.2222.0001.4799); Exhibit F-08.050, Australian Institute of Family
Studies, Submission, BHLF-Z1E7-QFYH-Y, p [6] of supplementary material; D Post and
others, *Understanding the Emotional and Practical Support Needs of Family Care-partners
of Veterans for Reducing Depression and Promotion Wellbeing*, Final Report, March 2022,
pp 59–63 (Exhibit F-08.051, SUB.0000.0033.0001).
- 651 Australian Institute of Family Studies, *Transition and Wellbeing Research Program: Family
Wellbeing Study*, 2018, p 334 (Exhibit 45-05.019, Hearing Block 6, AIF.0001.0001.0658).
- 652 Department of Defence and Department of Veterans' Affairs, *Transition taskforce:
Improving the transition experience*, 2018, p 6 (Exhibit 21-01.001, Hearing Block 3,
AWW.0000.0001.0697).
- 653 Department of Defence and Department of Veterans' Affairs, *Transition taskforce:
Improving the transition experience*, 2018, p 47 (Exhibit 21-01.001, Hearing Block 3,
AWW.0000.0001.0697).
- 654 Exhibit F.05.017, Department of Veterans' Affairs, Response to Notice to Produce,
NTP-DVA-050, DVA.5045.0001.0710 at 0728.
- 655 Exhibit F-08.048, Department of Defence, Response to Notice to Produce, NTP-DEF-010-02,
Australian Defence Force Families Research 2019, DEF.1010.0001.8302 at 8311;
Exhibit L-01.074, Australian Institute of Family Studies, Response to Notice to Produce,
NTP-AIF-001-01, AIF.0001.0001.1762 at 1780; Exhibit F-08.050, Australian Institute of Family
Studies, Submission, BHLF-Z1E7-QFYH-Y, p [2] of supplementary material.
- 656 Exhibit L-01.074, Australian Institute of Family Studies, Response to Notice to Produce,
NTP-AIF-001-01, AIF.0001.0001.1762 at 1931, 1948.
- 657 Exhibit F-08.050, Australian Institute of Family Studies, Submission, BHLF-Z1E7-QFYH-Y,
p [6] of supplementary material.
- 658 Exhibit F-08.048, Department of Defence, Response to Notice to Produce, NTP-DEF-010-02,
Australian Defence Force Families Research 2019, DEF.1010.0001.8302 at 8311;
Exhibit 79-01.015, Hearing Block 11, Sandi Laaksonen Sherrin, Witness Statement,
SLS.0000.0001.0009 at 0085–0086; Exhibit 08-06.17, Hearing Block 1, Phoenix Australia,
Defence Force and Veteran Suicide Literature Review, EXP.0001.0015.0004 at 0044, 0049,
0053, 0056.
- 659 Exhibit A-01.011, Department of Defence, Response to Notice to Produce, NTP-DEF-001,
Career Transition Assistance Scheme Review, DEF.0001.0001.0015 at 0019.
- 660 Exhibit V-01.002, Department of Defence, Response to Notice to Produce, NTP-DEF-007,
ADF Member and Family Transition Guide, DVS.0000.0001.9433 at 9452; Exhibit V-01.003,
Department of Defence, Response to Notice to Produce, NTP-DEF-025, Defence Member and
Family Support Transition Presentation, DEF.1025.0002.1493 at 1549.
- 661 Exhibit 101-03.056, Hearing Block 12, Department of Defence, Partner Employment
Assistance Program Guidelines, STU.0000.0004.1067 at 1071.
- 662 Exhibit F-08.048, Department of Defence, Response to Notice to Produce, NTP-DEF-010-02,
Australian Defence Force Families Research 2019, DEF.1010.0001.8302 at 8321–8322.
- 663 Exhibit F-08.048, Department of Defence, Response to Notice to Produce, NTP-DEF-010-02,
Australian Defence Force Families Research 2019, DEF.1010.0001.8302 at 8323.
- 664 Department of Defence, 'Defence Member and Family Helpline', webpage, [www.defence.gov.
au/adf-members-families/crisis-support/helplines/defence-member-family-helpline](http://www.defence.gov.au/adf-members-families/crisis-support/helplines/defence-member-family-helpline), viewed
27 March 2024 (Exhibit 101-03.074, Hearing Block 12, STU.0000.0004.0574).
- 665 Exhibit 86-01.007, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-043, DVA.9999.0031.0108 at 0125 [13.3–13.4].

- 666 Department of Defence and Department of Veterans' Affairs, *Transition taskforce: Improving the transition experience*, 2018, pp 59, 64 (Exhibit 21-01.001, Hearing Block 3, AWW.0000.0001.0697).
- 667 Department of Defence and Department of Veterans' Affairs, *Transition taskforce: Improving the transition experience*, 2018, pp 64–66 (Exhibit 21-01.001, Hearing Block 3, AWW.0000.0001.0697).
- 668 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 198 (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).
- 669 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, pp 217–18 (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).
- 670 Transcript, James Kerin, Hearing Block 11, 28 August 2023, p 76-7369 [10–12, 31–32]; Transcript, Jonathan Morgan, Hearing Block 11, 28 August 2023, p 76-7369 [40–48].
- 671 Transcript, Natasha Fox, Hearing Block 12, 20 March 2023, p 96-9691 [38–44].
- 672 Australian Institute of Health and Welfare, *A Profile of Australia's Veterans*, 2018, pp 30–32; Australian Bureau of Statistics, 'Characteristics of Previous Australian Defence Force Personnel', web Census report, 31 October 2022, www.abs.gov.au/articles/characteristics-previous-australian-defence-force-personnel, viewed 27 March 2024 (Exhibit 101-03.057, Hearing Block 12, STU.0000.0004.0241).
- 673 Australian Institute of Health and Welfare, *A Profile of Australia's Veterans*, 2018, pp 30–32; Australian Bureau of Statistics, 'Characteristics of Previous Australian Defence Force Personnel', webpage, last updated 31 October 2022, www.abs.gov.au/articles/characteristics-previous-australian-defence-force-personnel, viewed 27 March 2024 (Exhibit 101-03.057, Hearing Block 12, STU.0000.0004.0241).
- 674 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, pp 14, 173–74 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299); Department of Veterans' Affairs, 'Benefits of hiring a veteran', webpage, www.veteransemployment.gov.au/employers/why-hire-veterans, viewed 25 March 2024.
- 675 Australian Institute of Health and Welfare, 'Understanding the Wellbeing Characteristics of Ex-serving ADF Members', webpage, last updated 1 September 2022, www.aihw.gov.au/reports/veterans/wellbeing-characteristics-of-ex-serving-adf/contents/employment-status-of-ex-serving-adf-members, viewed 25 March 2024 (Exhibit L-01.112, DVS.2222.0001.5033).
- 676 Australian Institute of Health and Welfare, 'Understanding the Wellbeing Characteristics of Ex-serving ADF Members', webpage, last updated 1 September 2022, www.aihw.gov.au/reports/veterans/wellbeing-characteristics-of-ex-serving-adf/contents/employment-status-of-ex-serving-adf-members, viewed 25 March 2024 (Exhibit L-01.112, DVS.2222.0001.5033).
- 677 Australian Institute of Health and Welfare, 'Understanding the Wellbeing Characteristics of Ex-serving ADF Members', webpage, last updated 1 September 2022, www.aihw.gov.au/reports/veterans/wellbeing-characteristics-of-ex-serving-adf/contents/employment-status-of-ex-serving-adf-members, viewed 25 March 2024 (Exhibit L-01.112, DVS.2222.0001.5033).
- 678 Veterans Affairs Canada, *Veteran Suicide Mortality Study: Follow-up Period from 1975 to 2016*, 31 December 2021, pp 9–13; LD VanTil and others, 'Veteran Suicide Mortality in Canada from 1976 to 2012', *Journal of Military Veteran and Family Health*, vol 4, 2, 2018, pp 114–15; D Boulous, *Report on Suicide Mortality in the Canadian Armed Forces (1995 to 2020)*, Directorate of Mental Health Canadian Armed Forces, 2023, pp ii–iii; C Rodway and others, 'Suicide After Leaving the UK Armed Forces 1996-2018: a Cohort Study', *PLoS Medicine*, vol 20, 8, 2023 (Exhibit 101-03.046, Hearing Block 12, STU.0000.0004.1100); R Randles and others, 'Prevalence and Risk factors of Suicide and Suicidal Ideation in Veterans Who Served in the British Armed Forces: a Systematic Review', *BMJ Military Health*, 2023 (Exhibit 101-03.077, Hearing Block 12, STU.0004.0001.0894).
- 679 Australian Institute of Health and Welfare, 'Understanding the Wellbeing Characteristics of Ex-serving ADF Members', webpage, last updated 1 September 2022, www.aihw.gov.au/reports/veterans/wellbeing-characteristics-of-ex-serving-adf/contents/employment-status-of-ex-serving-adf-members, viewed 25 March 2024 (Exhibit L-01.112, DVS.2222.0001.5033).
- 680 Department of Veterans' Affairs, Corporate Plan 2022–23, August 2022, p 4 (Exhibit 101-03.060, Hearing Block 12, STU.0000.0004.0577).
- 681 M Van Hooff and others, Department of Defence and Department of Veterans' Affairs, *Mental Health Prevalence, Mental Health and Wellbeing Transition Study*, 2018, pp 222–23 (Exhibit I-01.007, DVS.2222.0001.5546).

682 Transcript, Anthony Plummer, Hearing Block 11, 30 August 2023, p 78-7530 [27–31].
 683 K Carra and others, 'Service and Demographic Factors, Health, Trauma Exposure, and
 Participation are Associated with Adjustment for Former Australian Defense Force Members',
Military Psychology, vol 35, 5, 2023, p 488 (Exhibit F-04.110, DVS.1111.0001.4385).
 684 M Van Hooff and others, Department of Defence and Department of Veterans' Affairs,
Mental Health Prevalence, Mental Health and Wellbeing Transition Study, 2018, p 222
 (Exhibit I-01.007, DVS.2222.0001.5546).
 685 M Van Hooff and others, Department of Defence and Department of Veterans' Affairs, *Mental
 Health Prevalence, Mental Health and Wellbeing Transition Study*, 2018, p iv (Exhibit I-01.007,
 DVS.2222.0001.5546).
 686 Australian Institute of Health and Welfare, *Final report to the Independent Review of Past
 Defence and Veteran Suicides*, 29 September 2021, p 19 (Exhibit 01-01.014, Hearing Block 1,
 INQ.0000.0001.1353).
 687 Australian Institute of Health and Welfare, *Final report to the Independent Review of Past
 Defence and Veteran Suicides*, 29 September 2021, p 19 (Exhibit 01-01.014, Hearing Block 1,
 INQ.0000.0001.1353).
 688 Australian Government, *Veteran Transition Strategy*, July 2023, p 20 (Exhibit 82-03.003,
 DVS.0011.0001.0268).
 689 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary
 Interim Report*, September 2021, p 211 [7.92] (Exhibit 01-01.13, Hearing Block 1,
 INQ.0000.0001.1584).
 690 Interim National Commissioner for Defence and Veteran Suicide Prevention,
Preliminary Interim Report, September 2021, p 35 (Exhibit 01-01.13, Hearing Block 1,
 INQ.0000.0001.1584).
 691 Exhibit 16-01.060, Hearing Block 3, Department of Defence, Response to Notice to Give,
 NTG-DEF-008, DEF.9999.0001.0263 at 0358, 0360.
 692 Exhibit 25-01, Hearing Block 4, Teresa Pyne, Witness Statement, TPY.0000.0001.0001
 at 0011 [55]; Transcript, Jasmin Carmel, Hearing Block 1, 10 December 2021,
 pp 10-958 [42–47]–10-959 [0–15]; Transcript, Kate-Frances Duffy, Hearing Block
 11, 28 August 2023, pp 76-7354 [45]–76-7355 [2]; Transcript, Gary Wight, Hearing
 Block 11, 28 August 2023, p 76-7403 [10–19]; Transcript, Linda Bone, Hearing Block 11,
 28 August 2023, p 76-7404 [14–17]; Transcript, BR2, Hearing Block 1, 9 December 2021,
 p 9-821 [20–28]; John Cavanagh, Submission, ANON-Z1E7-Q1AZ-4, p [2]; Transcript,
 Geoffrey Evans, Hearing Block 3, 17 March 2022, p 23-2101 [25–30].
 693 Transcript, BR2, Hearing Block 1, 9 December 2021, p 9-821 [20–28].
 694 Transcript, Kate-Frances Duffy, Hearing Block 11, 28 August 2023, pp 76-7354 [45]–7355 [2].
 695 Transcript, Jasmin Carmel, Hearing Block 1, 10 December 2021, pp 10-958 [43]–10-959 [16].
 696 Transcript, Gary Wight, Hearing Block 11, 28 August 2023, p 76-7403 [13].
 697 Transcript, Gary Wight, Hearing Block 11, 28 August 2023, p 76-7403 [14–16].
 698 Transcript, Geoffrey Evans, Hearing Block 3, 17 March 2022, p 23-2102 [28–30].
 699 Transcript, Geoffrey Evans, Hearing Block 3, 17 March 2022, p 23-2102 [32–34].
 700 John Cavanagh, Submission, ANON-Z1E7-Q1AZ-4, p [2].
 701 Brian Howard, Submission, ANON-Z1E7-Q17X-R, p [2].
 702 Name withheld, Submission, ANON-Z1E7-Q1GV-6, p [4].
 703 Exhibit 59-01-011, Hearing Block 9, Submission of the Navy Clearance Diver Trust,
 SUB.0000.0015.0241 at 0334; Exhibit 59-01-004, Hearing Block 9, Dr Suzanne Goodman,
 NCDT Employment Framework Project Report, EXP.0009.0011.0048 at 0076–0077,
 0100, 0137.
 704 Exhibit F-08.043, Department of Defence, Response to Notice to Give, NTG-DEF-062,
 DEF.9999.0056.0001 at 0050 [Question 7a–Question 7b].
 705 Exhibit F-08.043, Department of Defence, Response to Notice to Give, NTG-DEF-062,
 DEF.9999.0056.0001 at 0052 [196].
 706 Exhibit F-08.043, Department of Defence, Response to Notice to Give, NTG-DEF-062,
 DEF.9999.0056.0001 at 0031 [Table 2.8], 0050 [186].
 707 Exhibit F-08.043, Department of Defence, Response to Notice to Give, NTG-DEF-062,
 DEF.9999.0056.0001 at 0030 [Table 2.8].
 708 Exhibit F-08.043, Department of Defence, Response to Notice to Give, NTG-DEF-062,
 DEF.9999.0056.0001 at 0030 [Table 2.8].
 709 Exhibit F-08.043, Department of Defence, Response to Notice to Give, NTG-DEF-062,
 DEF.9999.0056.0001 at 0031 [Table 2.8].

710 Exhibit F-08.043, Department of Defence, Response to Notice to Give, NTG-DEF-062, DEF.9999.0056.0001 at 0031 [Table 2.8].

711 Exhibit F-08.043, Department of Defence, Response to Notice to Give, NTG-DEF-062, DEF.9999.0056.0001 at 0003 [7], 0050 [186].

712 Exhibit F-08.043, Department of Defence, Response to Notice to Give, NTG-DEF-062, DEF.9999.0056.0001 at 0003 [14].

713 Exhibit F-08.043, Department of Defence, Response to Notice to Give, NTG-DEF-062, DEF.9999.0056.0001 at 0006 [23].

714 Transcript, Kaarin Kooij, Hearing Block 11, 5 September 2023, pp 82-8099 [27]–82-8100 [29].

715 Transcript, Kaarin Kooij, Hearing Block 11, 5 September 2023, p 82-8100 [5–7].

716 Transcript, Kaarin Kooij, Hearing Block 11, 5 September 2023, p 82-8100 [14–15].

717 Transcript, Kaarin Kooij, Hearing Block 11, 5 September 2023, p 82-8099 [33–36].

718 Transcript, Kaarin Kooij, Hearing Block 11, 5 September 2023, p 82-8100 [17–19].

719 Wodonga TAFE, ‘Wodonga TAFE and Australian Defence Force Strengthen Partnership to Deliver Technical Trades Training to Defence Personnel Across Australia’, webpage, last updated 30 June 2023, www.wodongatafe.edu.au/whats-on/news/artmid/402/articleid/588/wodonga-tafe-and-australian-defence-force-strengthen-partnership-to-deliver-technical-trades-training-to-defence-personnel-across-australia, viewed 27 March 2024 (Exhibit L-01.113, DVS.2222.0001.5056).

720 Transcript, Linda Bone, Hearing Block 11, 28 August 2023, p 76-7406 [18–29].

721 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 35 (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).

722 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 192 [7.12] (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).

723 Exhibit 16-01.060, Hearing Block 3, Department of Defence, Response to Notice to Give, NTG-DEF-008, DEF.9999.0001.0263 at 0354.

724 United Kingdom Army, ‘Career Enhancing Qualifications’, webpage, www.army.mod.uk/people/careers/career-enhancing-qualifications, viewed 27 March 2024.

725 United Kingdom Royal Air Force, ‘Training and Development’, webpage, 2024, <https://recruitment.raf.mod.uk/training-and-development>, viewed 27 March 2024.

726 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 213 [7.103] (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).

727 Transcript, Counsel Assisting, Hearing Block 11, 28 August 2023, p 76-7403 [20–26].

728 Transcript, Carmel Pako, Hearing Block 11, 28 August 2023, p 76-7404 [9–10].

729 Transcript, Gary Wight, Hearing Block 11, 28 August 2023, p 76-7404 [1-3]; Transcript, Tony Venables, Hearing Block 11, 28 August 2023, p 76-7404 [5].

730 Transcript, Linda Bone, Hearing Block 11, 28 August 2023, p 76-7404 [14–17].

731 John Cavanagh, Submission, ANON-Z1E7-Q1AZ-4, p [2].

732 Name withheld, Submission, ANON-Z1E7-Q8TK-F, p [2].

733 Transcript, Gary Wight, Hearing Block 11, 28 August 2023, p 76-7403 [27–35].

734 Exhibit F-08.043, Department of Defence, Response to Notice to Give, NTG-DEF-062, DEF.9999.0056.0001 at 0050 [187].

735 Transcript, Counsel Assisting, Hearing Block 11, 28 August 2023, p 76-7404 [35–39].

736 Transcript, Gary Wight, Hearing Block 11, 28 August 2023, p 76-7405 [3–6].

737 Transcript, Gary Wight, Hearing Block 11, 28 August 2023, p 76-7405 [9–11].

738 Transcript, Gary Wight, Hearing Block 11, 28 August 2023, p 76-7405 [6–9].

739 Transcript, Daniel Andrews, Hearing Block 11, 30 August 2023, p 78-7503 [40–47].

740 N Suleyman, Minister for Veterans, Minister for Small Business, Minister for Youth, *Recognising the Skills Veterans Earn in Service*, media release, 17 November 2023 (Exhibit 101-03.079, Hearing Block 12, STU.0004.0001.0901).

741 Transcript, Anthony Plummer, Hearing Block 11, 30 August 2023, p 78-7537 [3–14].

742 Transcript, Anthony Plummer, Hearing Block 11, 30 August 2023, p 78-7537 [20–22].

743 Transcript, Anthony Plummer, Hearing Block 11, 30 August 2023, p 78-7537 [16–19].

744 Transcript, Linda Bone, Hearing Block 11, 28 August 2023, p 76-7411 [25–28].

745 B Wadham and others, ‘Staying the Course: Strategies for Australian Student Veterans in Transition’, *Journal of Veterans Studies*, vol 8, 3, 2022, pp 215–216 (Exhibit L-01.082, DVS.2222.0001.4050).

- 746 Australian Catholic University, 'I have completed military service', webpage, last updated 2024, www.acu.edu.au/study-at-acu/admission-pathways/i-have-completed-military-service, viewed 27 March 2024; Charles Sturt University, 'Experience matters (Defence entry program)', webpage, www.study.csu.edu.au/apply/admission-pathways/experience-matters-defence-entry-program, viewed 27 March 2024 (Exhibit L-01.084, DVS.2222.0001.4064).
- 747 Australian Catholic University, *DVA Grant a Leg-up for Veterans Transition*, media release, 24 May 2023 (Exhibit L-01.089, DVS.2222.0001.4472).
- 748 B Wadham and others, 'Staying the Course: Strategies for Australian Student Veterans in Transition', *Journal of Veterans Studies*, vol 8, 3, 2022, p 215 (Exhibit L-01.082, DVS.2222.0001.4050).
- 749 B Wadham and others, 'Staying the Course: Strategies for Australian Student Veterans in Transition', *Journal of Veterans Studies*, vol 8, 3, 2022, p 214 (Exhibit L-01.082, DVS.2222.0001.4050).
- 750 B Wadham and others, 'Staying the Course: Strategies for Australian Student Veterans in Transition', *Journal of Veterans Studies*, vol 8, 3, 2022, pp 215–16 (Exhibit L-01.082, DVS.2222.0001.4050).
- 751 B Wadham and others, 'Staying the Course: Strategies for Australian Student Veterans in Transition', *Journal of Veterans Studies*, vol 8, 3, 2022, pp 215, 217 (Exhibit L-01.082, DVS.2222.0001.4050).
- 752 B Wadham and others, 'Staying the Course: Strategies for Australian Student Veterans in Transition', *Journal of Veterans Studies*, vol 8, 3, 2022, p 210 (Exhibit L-01.082, DVS.2222.0001.4050).
- 753 BJ Cook and others, *From Soldier to Student II: Assessing Campus Programs for Veterans and Service Members*, 2012, p 47 (Exhibit 101-03.062, Hearing Block 12, STU.0000.0004.0504).
- 754 J Wenger and others, *Are Current Military Education Benefits Efficient and Effective for the Services?*, RAND Corporation, 2017, p 71 (Exhibit 101-03.080, Hearing Block 12, STU.0004.0001.0978).
- 755 J Wenger and others, *Are Current Military Education Benefits Efficient and Effective for the Services?*, RAND Corporation, 2017, pp xii–xiii (Exhibit 101-03.080, Hearing Block 12, STU.0004.0001.0978).
- 756 Veterans Affairs Canada, 'Education and training benefit', webpage, last updated 30 June 2021. www.veterans.gc.ca/eng/about-vac/legislation-policies/policies/document/2685, viewed 27 March 2024.
- 757 Australian Government Department of Veterans' Affairs, 'Grants', webpage, www.veteranemployment.gov.au/about/grants, viewed 27 March 2024 (Exhibit 101-03.063, Hearing Block 12, STU.0000.0004.0238).
- 758 Exhibit F.08.043, Department of Defence, Response to Notice to Give, NTG-DEF-062, DEF.9999.0056.0001 at 0030 [Table 2.8].
- 759 M Keogh, Minister for Veterans' Affairs and Minister for Defence Personnel, and M Thistlethwaite, Assistance Minister for Defence and Assistant Minister for Veterans' Affairs, *Veteran Employment Program launch*, media release, 14 July 2023 (Exhibit L-01.108, DVS.2222.0001.4969).
- 760 Exhibit 16-01.060, Hearing Block 3, Department of Defence, Response to Notice to Give, NTG-DEF-008, DEF.9999.0001.0263 at 0354.
- 761 Transcript, Gary Wight, Hearing Block 11, 28 August 2023, pp 76-7406 [137]–76-7407 [4].
- 762 Transcript, Linda Bone, Hearing Block 11, 28 August 2023, p 76-7407 [9–11].
- 763 Exhibit 82-03.025, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Report on the feasibility of a Transition Mandatory Course, DEF.1196.0002.0087 at 0092–0093 [21].
- 764 Exhibit F-08.043, Department of Defence, Response to Notice to Give, NTG-DEF-062, DEF.9999.0056.0001 at 0003 [13].
- 765 Exhibit 76-03.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-085, DEF.9999.0066.0046 at 0053.
- 766 Exhibit V-01.001, Department of Defence, Response to Notice to Produce, NTP-DEF-131, Transition Preparedness Questionnaire, DEF.1393.0001.0001.
- 767 Department of Veterans' Affairs, *Veteran Employment – Summary of Activities August – December 2022*, December 2022, p 3 (Exhibit L-01.109, DVS.2222.0001.4973).
- 768 Exhibit 76-03.003, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-150, DEF.9999.0111.0001 at 0050.

- 769 Exhibit 82-03.011, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, Joint Transition Authority June 2023 Monthly Data Pack, DEF.1196.0002.0039.
- 770 Exhibit L-01.122, Department of Defence, Response to Notice to Give, NTG-DEF-205, DEF.9999.0153.0001 at 0006 [14]–0007 [17].
- 771 Exhibit 82-03.010, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, JTA February 2023 Monthly Data Pack, DEF.1114.0004.0001.
- 772 Exhibit 82-03.010, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, JTA February 2023 Monthly Data Pack, DEF.1114.0004.0001.
- 773 Exhibit 82-03.010, Hearing Block 11, Department of Defence, Response to Notice to Produce, NTP-DEF-114-01, JTA February 2023 Monthly Data Pack, DEF.1114.0004.0001 at 0034.
- 774 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, 2021, p 35 (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).
- 775 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, p 32 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 776 Australian Government Department of Veterans' Affairs, '16 Maintaining Incapacity Payments for Veterans Studying Pilot', webpage, last updated 3 August 2023, <https://clik.dva.gov.au/rehabilitation-policy-library/16-maintaining-incapacity-payments-veterans-studying-pilot>, viewed 25 March 2024 (Exhibit L-01.081, DVS.2222.0001.4015).
- 777 Australian Government Department of Veterans' Affairs, '16 Maintaining Incapacity Payments for Veterans Studying Pilot', webpage, last updated 3 August 2023, <https://clik.dva.gov.au/rehabilitation-policy-library/16-maintaining-incapacity-payments-veterans-studying-pilot>, viewed 25 March 2024 (Exhibit L-01.081, DVS.2222.0001.4015).
- 778 B Wadham and others, 'Staying the Course: Strategies for Australian Student Veterans in Transition', *Journal of Veterans Studies*, vol 8, 3, 2022, p 214 (Exhibit L-01.082, DVS.2222.0001.4050).
- 779 Exhibit 33-01.003, Hearing Block 5, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-020, DVA.9999.0012.0057 at 0082 [112].
- 780 Exhibit 33-01.003, Hearing Block 5, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-020, DVA.9999.0012.0057 at 0083 [118].
- 781 TAFE NSW, 'TAFE NSW Ranks to Recognition Program', webpage, 2024, www.tafensw.edu.au/study/pathways/ranks-to-recognition, viewed 25 March 2024 (Exhibit VV-01.042, DVS.6666.0001.6747).
- 782 NSW Government Department of Education, 'Veterans', webpage, <https://education.nsw.gov.au/skills-nsw/skills-initiatives/veterans>, viewed 25 March 2024 (Exhibit OO-01.015, DVS.6666.0001.5848).
- 783 NSW Government, *NSW Veterans Strategy 2021–2022 Progress Report*, 2022, p 14 (Exhibit 101-03.042, Hearing Block 12, DCJ.0005.0037.0001).
- 784 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 212 [7.96] (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).
- 785 Transcript, Kieran McCarthy, Hearing Block 1, 8 December 2021, p 8-744 [23–25].
- 786 Transcript, Christine Stirling, Hearing Block 6, 9 August 2022, p 46-4528 [15].
- 787 National Mental Health Commission, *Review into Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, Final report: Findings and Recommendations, March 2017, p 21 (Exhibit 01-01.008, Hearing Block 1, INQ.0000.0001.1488).
- 788 Exhibit DD-01.002, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-144, Veterans employment proposition campaign: Exploratory research debrief, DVA.0061.0001.0001 at 0007.
- 789 R Phillips, 'The Stigmatized Hero? A Review of UK Opinion Polls and Surveys on Perceptions of British Veterans in UK Society', *Journal of Veterans Studies*, vol 6, 1, 2020, pp 67–81; YouGov, *Perceptions of UK Armed Forces Ex-Service Personnel: On Behalf of the Office for Veteran's Affairs*, November 2022, pp 68–69; Lord Ashcroft, *The Veterans' Transition Review: Second Follow Up Report*, November 2016, p 5.
- 790 Australian Government Department of Veterans' Affairs, *Veteran Employment – Summary of Activities August – December 2022*, December 2022, p 4 (Exhibit L-01.109, DVS.2222.0001.4973).

- 791 Australian Government Department of Veterans' Affairs, *Veteran Employment – Summary of Activities August – December 2022*, December 2022, p 4 (Exhibit L-01.109, DVS.2222.0001.4973).
- 792 K Becker and others, *A Systematic Review of the Veteran Employment Research*, University of the Sunshine Coast, Report, August 2022, p 3 (Exhibit L-01.090, DVS.2222.0001.4474).
- 793 Australian Government Department of Veterans' Affairs, 'Veterans Employment Commitment', webpage, www.veteranemployment.gov.au/show-your-commitment/veterans-employment-commitment, viewed 10 December 2023 (Exhibit OO-01.016, DVS.6666.0001.5866).
- 794 Transcript, Linda Bone, Hearing Block 11, 28 August 2023, p 76-7405 [20–23].
- 795 Transcript, Linda Bone, Hearing Block 11, 28 August 2023, p 76-7405 [22–24].
- 796 Transcript, Linda Bone, Hearing Block 11, 28 August 2023, p 76-7405 [23–30].
- 797 M Keogh, Minister for Veterans' Affairs and Minister for Defence Personnel, and M Thistlethwaite, Assistance Minister for Defence and Assistant Minister for Veterans' Affairs, *Veteran Employment Program launch*, media release, 14 July 2023 (Exhibit L-01.108, DVS.2222.0001.4969).
- 798 Australian Government Department of Veterans' Affairs, 'Grants', webpage, www.veteranemployment.gov.au/about/grants, viewed 20 March 2024 (Exhibit 101-03.063, Hearing Block 12, STU.0000.0004.0238).
- 799 M Keogh, Supporting Veterans into Tertiary Education and Employment, media release, 27 November 2023; Australian Government Department of Veterans Affairs, 'Grants', webpage, www.veteranemployment.gov.au/about/grants, viewed 20 March 2024 (Exhibit 101-03.063, Hearing Block 12, STU.0000.0004.0238).
- 800 Transcript, Chantelle Bohan, Hearing Block 10, 18 July 2023, p 69-6624 [25–30, 44–46].
- 801 Transcript, Chantelle Bohan, Hearing Block 10, 18 July 2023, p 69-6624 [35–39].
- 802 Australian Government Department of Veterans' Affairs, *Veteran Employment – Summary of Activities August – December 2022*, December 2022, p 4 (Exhibit L-01.109, DVS.2222.0001.4973).
- 803 K Becker, M Smidt and S Gai, *A Systematic Review of the Veteran Employment Research*, University of the Sunshine Coast, Report, August 2022, p 27.
- 804 Jobs Victoria, *Jobs Victoria Fund Guidelines*, November 2021, pp 3–4 (Exhibit OO-01.017, DVS.6666.0001.5812).
- 805 Government of Victoria, 'Welcoming Veterans Into Civilian Life And Rewarding Work', media release, 9 November 2021 (Exhibit 101-03.070, Hearing Block 12, STU.0000.0004.1609).
- 806 The Prince's Responsible Business Network, *Capitalising on Military Talent*, 2017, p 10.
- 807 Department of Veterans' Affairs, 'Award Categories', webpage, www.veteranemployment.gov.au/awards/award-categories, viewed 15 November 2023 (Exhibit OO-01.018, DVS.6666.0001.5798).
- 808 United Kingdom Cabinet Office, Office for Veterans' Affairs and MH Treasury, *Government Urges Businesses to Take Advantage of National Insurance Relief when Hiring Veterans*, media release, 6 April 2022.
- 809 United Kingdom Cabinet Office and J Lopez, *New Measures to Deliver Value to Society through Public Procurement*, media release, 24 September 2020.
- 810 United Kingdom Government Commercial Function, *Guide to Using the Social Value Model*, December 2020, pp 1, 2, 10, 15.
- 811 Australian Institute of Health and Welfare, 'Understanding the Wellbeing Characteristics of Ex-serving ADF Members', webpage, last updated 1 September 2022, www.aihw.gov.au/reports/veterans/wellbeing-characteristics-of-ex-serving-adf/contents/employment-status-of-ex-serving-adf-members, viewed 25 March 2024 (Exhibit L-01.112, DVS.2222.0001.5033).
- 812 TAFE Queensland, 'Landmark Partnership Set to Support More Veterans' Transition into Successful Civilian Careers', webpage, <https://tafeqld.edu.au/news-and-events/news/2023/landmark-partnership-with-ironside-resources-macmahon>, viewed 18 March 2024 (Exhibit L-01.099, DVS.2222.0001.4577).
- 813 TAFE Queensland, 'Free TAFE for Queensland Veterans', webpage, <https://tafeqld.edu.au/news-and-events/news/2021/free-tafe-for-queensland-veterans>, viewed 20 March 2024 (Exhibit L-01.094, DVS.2222.0001.4554).
- 814 A Palaszczuk, Premier and Minister for the Olympics, and D Farmer, Minister for Employment and Small Business and Minister for Training and Skills Development, *Free TAFE for Queensland Veterans*, media release, 18 November 2021 (Exhibit L-01.093, DVS.2222.0001.4552).

- 815 Queensland Government, 'Digital Skills Training', webpage, last updated 11 May 2023. www.qld.gov.au/jobs/career/digital-careers/digital-skills-training/veterans-digital-capability#:~:text=The%20Queensland%20Government%20has%20partnered,veterans%20transitioning%20to%20civilian%20employment, viewed 24 March 2024 (Exhibit OO-01.019, DVS.6666.0001.5808).
- 816 Queensland Government, 'Digital Skills Training', webpage, last updated 11 May 2023. www.qld.gov.au/jobs/career/digital-careers/digital-skills-training/veterans-digital-capability#:~:text=The%20Queensland%20Government%20has%20partnered,veterans%20transitioning%20to%20civilian%20employment, viewed 24 March 2024 (Exhibit OO-01.019, DVS.6666.0001.5808).
- 817 Transcript, Daniel Andrews, Hearing Block 11, 30 August 2023, p 78-7498 [37–39].
- 818 Transcript, Daniel Andrews, Hearing Block 11, 30 August 2023, p 78-7503 [22–25].
- 819 Transcript, Daniel Andrews, Hearing Block 11, 30 August 2023, p 78-7504 [6–8].
- 820 Transcript, Daniel Andrews, Hearing Block 11, 30 August 2023, p 78-7504 [1–6].
- 821 Suicide Prevention Australia and Mental Health Australia, Submission, ANON-Z1E7-QM9P-E, p [21] of supplementary material.
- 822 Suicide Prevention Australia and Mental Health Australia, Submission, ANON-Z1E7-QM9P-E, p [21] of supplementary material.
- 823 United States Department of Defense, DOD SkillBridge, *Program Overview*, webpage, last updated 9 November 2023, <https://skillbridge.osd.mil/program-overview.htm>, viewed 20 March 2023.
- 824 United States Department of Defense, DOD SkillBridge, *Program Overview*, webpage, last updated 9 November 2023, <https://skillbridge.osd.mil/program-overview.htm>, viewed 20 March 2023.
- 825 United States Department of Defense, DOD SkillBridge, 'Frequently Asked Questions', webpage, last updated 9 November 2023, <https://skillbridge.osd.mil/faq.htm>, viewed 20 March 2023.
- 826 Career Transition Partnership, 'Civilian Work Attachments Resettlement Guide', webpage, www.ctp.org.uk/resettlement-guides/civilian+work+attachments-488443, viewed 20 March 2023.
- 827 Transcript, Steven Hill, Hearing Block 11, 28 August 2023, p 76-7350 [19–24].
- 828 Exhibit F-08-0.43, Department of Defence, Response to Notice to Give, NTG-DEF-062, DEF.9999.0056.0001 at 0051 [190].
- 829 Exhibit V-01.007, Department of Defence, Response to Notice to Produce, NTP-DEF-407, Defence/DVA Links Steering Committee 7 March 2024 – Item 13: Joint Transition Authority Update, DEF.1407.0001.0035 at 0036.
- 830 Australian Public Service Commission, 'ADF Veterans employed in the APS', webpage, 2023. www.apsc.gov.au/state-service/state-service-2016-17-blogposts/adf-veterans-employed-aps, viewed 20 March 2023 (Exhibit 101-03.064, Hearing Block 12, STU.0000.0004.0377).
- 831 Australian Public Service Commission, 'ADF Veterans employed in the APS', webpage, 2023. www.apsc.gov.au/state-service/state-service-2016-17-blogposts/adf-veterans-employed-aps, viewed 20 March 2023 (Exhibit 101-03.064, Hearing Block 12, STU.0000.0004.0377).
- 832 United States Office of Personnel Management, *Employment of Veterans in the Federal Executive Branch: Fiscal Year 2021*, November 2023, p 6.
- 833 Australian Public Service Commission, 'ADF Veterans employed in the APS', webpage, last updated 2023, www.apsc.gov.au/state-service/state-service-2016-17-blogposts/adf-veterans-employed-aps, viewed 20 March 2023 (Exhibit 101-03.064, Hearing Block 12, STU.0000.0004.0377).
- 834 Australian Public Service Commission, 'ADF Veterans employed in the APS', webpage, last updated 2023, www.apsc.gov.au/state-service/state-service-2016-17-blogposts/adf-veterans-employed-aps, viewed 20 March 2023 (Exhibit 101-03.064, Hearing Block 12, STU.0000.0004.0377).
- 835 Australian Public Service Commission, 'ADF Veterans employed in the APS', webpage, last updated 2023, www.apsc.gov.au/state-service/state-service-2016-17-blogposts/adf-veterans-employed-aps, viewed 20 March 2023 (Exhibit 101-03.064, Hearing Block 12, STU.0000.0004.0377).
- 836 Australian Public Service Commission, 'ADF Veterans employed in the APS', webpage, last updated 2023, www.apsc.gov.au/state-service/state-service-2016-17-blogposts/adf

- veterans-employed-aps, viewed 20 March 2023 (Exhibit 101-03.064, Hearing Block 12, STU.0000.0004.0377).
- 837 Transcript, Anthony Plummer, Hearing Block 11, 30 August 2023, p 78-7539 [1–2].
- 838 Victorian Public Sector Commission, ‘Employee Numbers’, webpage, last updated 27 April 2023, www.vpsc.vic.gov.au/data-and-research/data-facts-visuals-state-of-the-sector/employee-numbers, viewed 15 November 2023 (Exhibit 101-03.065, Hearing Block 12, STU.0000.0004.1610).
- 839 Australian Government, *Delivering for Tomorrow: APS Workforce Strategy 2025*, 2021 (Exhibit 101-03.040, Hearing Block 12, DVS.0012.0001.0765).
- 840 Transcript, Steven Hill, Hearing Block 11, 28 August 2023, p 76-7373 [2–17].
- 841 Transcript, Gary Wight, Hearing Block 11, 28 August 2023, p 76-7412 [15–21].
- 842 Australian Public Service Commission, *Working in the Australian Public Service: a Toolkit for ADF Veterans*, April 2019, pp 1–7 (Exhibit 101-03.066, Hearing Block 12, STU.0000.0004.0386).
- 843 Transcript, Linda Bone, Hearing Block 11, 28 August 2023, p 76-7412 [27–30].
- 844 Australian Government Department of Veterans’ Affairs, ‘Continuing to Serve: VetPaths – the APS Veteran Employment Pathway’, webpage, last updated 24 March 2024, www.dva.gov.au/about/careers/continuing-serve-vetpaths-aps-veteran-employment-pathway, viewed 17 May 2024 (Exhibit OO-01.020, DVS.6666.0001.5801).
- 845 Australian Government Department of Veterans’ Affairs, ‘Continuing to Serve: VetPaths – the APS Veteran Employment Pathway’, webpage, last updated 24 March 2024, www.dva.gov.au/about/careers/continuing-serve-vetpaths-aps-veteran-employment-pathway, viewed 17 May 2024 (Exhibit OO-01.020, DVS.6666.0001.5801).
- 846 Exhibit 94-01, Hearing Block 12, NSW Government, Response to Notice to Give, NTG-DCJ-001, NSW Veterans Action Plan 2023–2024, DCJ.0005.0038.0001 at 0005.
- 847 Transcript, Chantelle Bohan, Hearing Block 10, 18 July 2023, p 69-6625 [5–10].
- 848 United Kingdom NHS Employers, ‘Step into Health’, webpage, www.nhsemployers.org/recruitment/step-health, viewed 10 January 2024.
- 849 United Kingdom NHS Employers, ‘Step into Health: the Pledging Process’, webpage, last updated 27 May 2023, www.nhsemployers.org/articles/step-health-pledging-process, viewed 10 January 2024.
- 850 United Kingdom NHS Employers, ‘The Step into Health Candidate Monitoring System: a User Guide’, webpage, last updated 23 June 2023, www.nhsemployers.org/publications/step-health-candidate-monitoring-system-user-guide, viewed 10 January 2024.
- 851 HM Prison and Probation Service, ‘Advance into Justice’, webpage, last updated 2023, www.advance-into-justice.service.justice.gov.uk/index.html, viewed 10 January 2024.
- 852 Government of Victoria, *Giving Veterans The Job Support They Need*, media release, 11 February 2017 (Exhibit 101-03.067, Hearing Block 12, STU.0000.0004.1601).
- 853 Government of Victoria, *Tripling the Target To Support Veterans At Work*, media release, 21 March 2019 (Exhibit 101-03.068, Hearing Block 12, STU.0000.0004.1607); Victorian State Government Department of Premier and Cabinet, ‘Job Opportunities for Veterans in the Victorian Public Sector’, webpage, last updated 10 June 2021, www.vic.gov.au/node/48, viewed 15 November 2023 (Exhibit 101-03.069, Hearing Block 12, STU.0000.0004.1603).
- 854 Government of Victoria, *Welcoming Veterans Into Civilian Life And Rewarding Work*, media release, 9 November 2021 (Exhibit 101-03.070, Hearing Block 12, STU.0000.0004.1609).
- 855 Government of Victoria, *Record Number Of Veterans Strengthening Our Public Sector*, media release, 24 March 2023 (Exhibit 101-03.071, Hearing Block 12, STU.0000.0004.1605).
- 856 Government of Victoria, *Record Number Of Veterans Strengthening Our Public Sector*, media release, 24 March 2023 (Exhibit 101-03.071, Hearing Block 12, STU.0000.0004.1605).
- 857 Victorian State Government Department of Premier and Cabinet, *Guide for Veterans Applying for Roles in the Victorian Public Sector*, May 2020; Victorian State Government Department of Premier and Cabinet, ‘Job Opportunities for Veterans in the Victorian Public Sector’, webpage, last updated 10 June 2021, www.vic.gov.au/node/48, viewed 15 November 2023 (Exhibit 101-03.072, Hearing Block 12, STU.0000.0004.0625).
- 858 Exhibit 101-03.041, Hearing Block 12, NSW Government, Response to Notice to Give, NTG-DCJ-001, NSW Veterans Action Plan 2021–2022, DCJ.0001.0003.0001 at 0005.
- 859 Exhibit 101-03.041, Hearing Block 12, NSW Government, Response to Notice to Produce, NTP-DCJ-001, NSW Veterans Strategy 2021–2022 Progress Report, DCJ.0005.0037.0001 at 0012.

- 860 Exhibit 94-01, Hearing Block 12, NSW Government, Response to Notice to Give, NTG-DCJ-001, NSW Veterans Action Plan 2023–2024, DCJ.0005.0038.0001 at 0005.
- 861 NSW Government, *Rank Grade Guide* (Exhibit 101-03.073, Hearing Block 12, STU.0000.0004.0801).
- 862 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, Final report: Findings and Recommendations, March 2017, p 52 (Exhibit 47-03.088, Hearing Block 6, DEF.1029.0001.0432).
- 863 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, Final report: Findings and Recommendations, March 2017, p 53 (Exhibit 47-03.088, Hearing Block 6, DEF.1029.0001.0432).
- 864 Department of Defence and Department of Veterans' Affairs, *Transition Taskforce: Improving the Transition Experience*, 2018, p 7 (Exhibit 21-01.001, Hearing Block 3, AWW.0000.0001.0697).
- 865 Department of Defence and Department of Veterans' Affairs, *Transition Taskforce: Improving the Transition Experience*, 2018, p 7 (Exhibit 21-01.001, Hearing Block 3, AWW.0000.0001.0697).
- 866 Department of Defence and Department of Veterans' Affairs, *Transition Taskforce: Improving the Transition Experience*, 2018, p 7 (Exhibit 21-01.001, Hearing Block 3, AWW.0000.0001.0697).
- 867 Department of Defence and Department of Veterans' Affairs, *Transition Taskforce: Improving the Transition Experience*, 2018, p 7 (Exhibit 21-01.001, Hearing Block 3, AWW.0000.0001.0697).
- 868 Department of Defence and Department of Veterans' Affairs, *Transition Taskforce: Improving the Transition Experience*, 2018, p 7 (Exhibit 21-01.001, Hearing Block 3, AWW.0000.0001.0697).
- 869 Department of Defence and Department of Veterans' Affairs, *Transition Taskforce: Improving the Transition Experience*, 2018, p 7 (Exhibit 21-01.001, Hearing Block 3, AWW.0000.0001.0697).
- 870 Department of Defence and Department of Veterans' Affairs, *Transition Taskforce: Improving the Transition Experience*, 2018, p 7 (Exhibit 21-01.001, Hearing Block 3, AWW.0000.0001.0697).
- 871 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 50 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 872 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 50 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 873 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 50 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 874 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 34 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 875 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 34 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 876 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 34 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 877 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 35 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 878 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 35 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 879 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 35 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 880 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, pp 35–36 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).

24 Empowering veterans to thrive

Summary

While many members leave ADF service and transition into fulfilling and healthy lives as civilians, the reality of service life means that some members are exposed to physical and psychological stressors that affect them deeply. This chapter is about empowering all veterans, especially those who need support post service, to thrive.

This chapter explores four questions:

- What is the current state of Australian veterans' wellbeing?
- What is the Department of Veterans' Affairs (DVA) role in supporting veterans' wellbeing, and how effective is the organisation at doing that?
- What roles do state and territory governments and ex-service organisations play in supporting veterans' wellbeing, and how effective are they?
- What needs to change to improve veterans' wellbeing?

Support for ex-serving members is a highly complex area, with many organisations providing services to meet a range of needs in different areas of life.

In our inquiry, we have found several overarching issues that undermine the proper functioning of systems designed to support veteran wellbeing.

- Until recently there has been little usable data on ex-serving members as a whole population, and good data is still lacking. It has been hard to track the needs and outcomes of veterans, especially those not registered with DVA.
- Veterans' and Families' Hubs are a positive recent development but are limited by one-off capital funding and are not being used to their full potential.
- Veterans are still not aware of their entitlements, and recent efforts to expand support outside the claims process have been largely unsuccessful. Additionally, internal reviews have shown DVA lacks capability in co-designing programs and supports with veterans, particularly approaches that are focused on prevention and early intervention.
- For various reasons, a significant proportion of the veteran community has lost trust in DVA. This undermines DVA's capacity to deliver services effectively and means that disenfranchised veterans may not be getting any support at all.

- While it is well recognised the Australian Government and state and territory governments have responsibility for veteran wellbeing, a unified approach with clear obligations, good coordination between services, and genuine collaboration has been lacking.

We make four recommendations in this chapter:

- that the Australian Government provide ongoing funding to Veterans' and Families' Hubs to support their sustainability in the long term
- that the Australian Government establish a new agency focused on veterans' wellbeing, to make sure all veterans receive the help they need, when they need it
- that a national funding agreement on veterans' wellbeing be developed across Australian and state and territory governments
- that the Australian Government, together with the sector, establish a national peak body for ex-service organisations.

A note on terminology: As we discuss in Volume 1 of our final report, we have faced challenges in adopting consistent terminology. Our Letters Patent specify 'veteran' to mean 'a person who has served *or is serving* as a member of the Permanent Forces ... or as a member of the Reserves'¹ (emphasis added), but the term 'veteran' still means 'ex-serving member' or 'former serving member' for some people and in some settings. While for clarity's sake we prefer the terms 'serving members' and 'ex-serving members' in our final report, in this chapter we often use the term 'veteran' in line with the sources we quote. We trust that the meaning will be clear from the context and apologise to readers for the inconsistency.

24.1 The Australian veteran community

1. Throughout this Royal Commission we have heard from thousands of veterans who have made great sacrifices in the service of Australia. As DVA has acknowledged:

Military service is unique on a number of levels. The ADF exists to use military force to achieve national objectives, and this defines military service as different to all other civilian occupations. It places unique demands on service personnel (and their families), requiring them to sacrifice certain personal rights and freedoms, and exposing those who serve to risk of harm and even death.

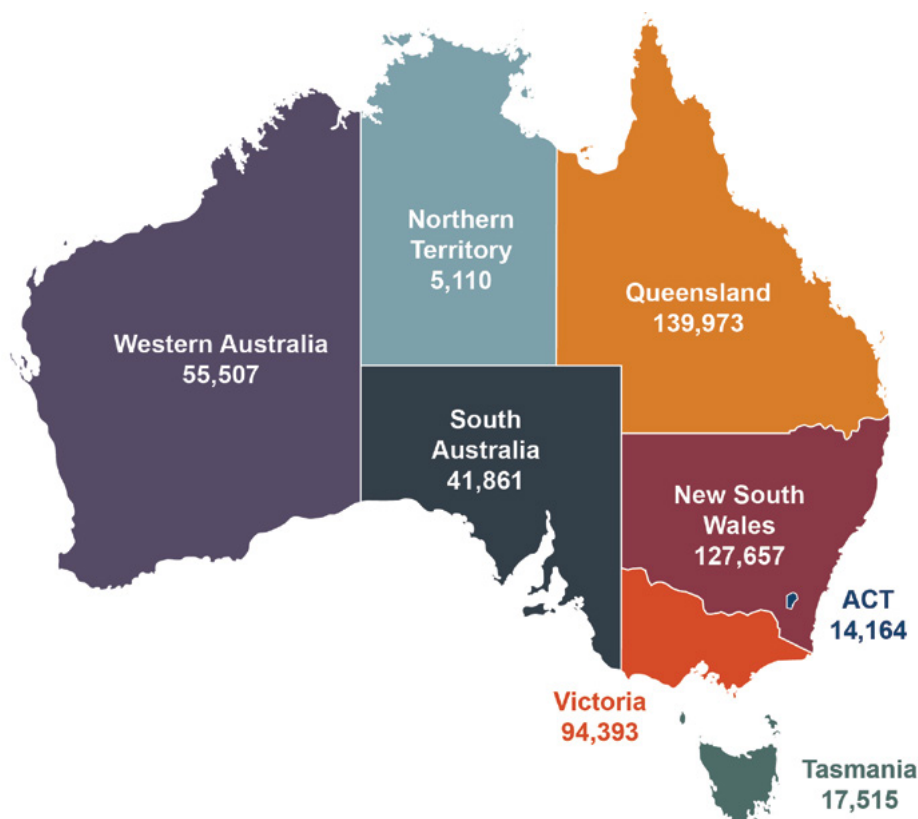
There remains as strong a case today as there was over 100 years ago, to recognise this service and sacrifice and the ensuing need for a tailored, fit-for-purpose, comprehensive system of support for veterans and their families beyond that provided through the civilian system.²

2. We strongly agree. However, significant change is needed before the veteran support system can be considered 'tailored, fit-for-purpose, [and] comprehensive'. This chapter examines the state of veterans' wellbeing, the services currently in place and the changes that are needed to support and empower veterans to thrive.

24.1.1 Demographics of the veteran population

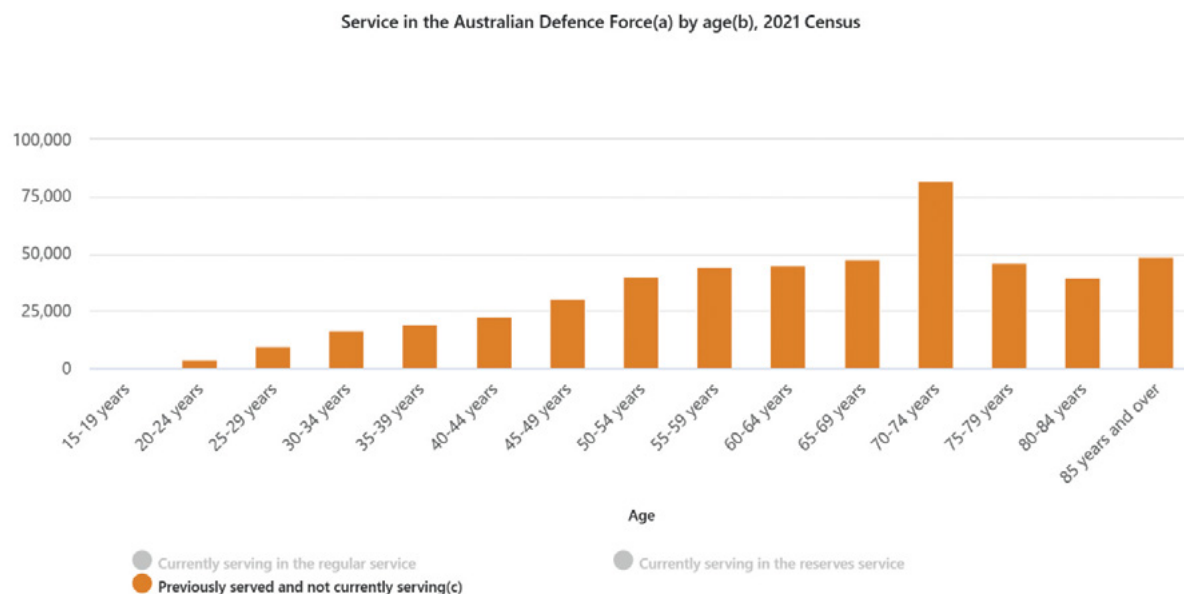
3. While we have known for many years that veterans make an important contribution to the community long after their military service, and may also deal with particular challenges, quantitative data has been lacking.
4. In 2021, the Census included a question about ADF service for the first time, yielding data that gave a clear picture of the veteran population. According to the 2021 Census, almost half a million Australians (496,300) reported having served in the ADF (and were no longer serving).³ Of those:
 - 64.8% had served in the permanent forces
 - 35.2% had served in the reserve forces.⁴
5. Figure 24.1 shows where ex-serving members lived at the time of the 2021 Census.

Figure 24.1 Map showing where ex-serving members live in Australia



6. The Census also provided comprehensive information on the age range of ex-serving members, shown in Figure 24.2. The average (mean) age of ex-serving members was 64, with more than a quarter of veterans aged between 65 and 74.⁵

Figure 24.2 Age of ex-serving members, 2021 Census



a. Includes Royal Australian Navy, Australian Army, Royal Australian Air Force, Second Australian Imperial Force, National Service and NORFORCE. Excludes service for non-Australian Defence forces.

b. Count of persons aged 15 years and over. Excludes overseas visitors.

c. Includes previous service in the regular service and/or reserves service.

Source: Australian Defence Force service (ADFP), Age (AGEP)

Source: Australian Bureau of Statistics, Service with the Australian Defence Force: Census 2021

Source: Australian Bureau of Statistics, Service with the Australian Defence Force: Census, June 2022 (Exhibit 101-03.058, Hearing Block 12, STU.0000.0004.0219).

7. The majority of ex-serving members are male (86.6%); however, the proportions of male and female ex-serving members are not quite as stark for those aged under 65. Nearly one in five ex-serving members aged between 15 and 64 is female (19%). Table 24.1 shows the proportion of male and female ex-serving members in different age groups.

Table 24.1 Proportion of male and female ex-serving members by age group in 2021

Age	Male (%)	Female (%)
15 to 24	73.9	26.1
25 to 34	83.7	16.3
35 to 44	81.9	18.1
45 to 54	79.8	20.2
55 to 64	81.5	18.5
65 to 74	90.3	9.7
75 to 84	93.0	7.0
85 and over	91.3	8.7
Total	86.6	13.4

Source: Australian Bureau of Statistics, *Characteristics of previous Australian Defence Force personnel*, October 2022 (Exhibit VV-01.026, DVS.6666.0001.6270).

8. The Census results also revealed that:
 - around one in 20 Australian households (5.3%) reported including at least one person who had served or is serving in the ADF
 - 2.3% of ex-serving members and 3.7% of serving members identify as Aboriginal and/or Torres Strait Islander people.⁶
9. The 2021 Census gives us a helpful starting point to better understand the demographics of the Australian veteran community. While women are still the minority, the overall proportion of female ex-serving members is growing. Similarly, the proportion of ex-serving members who identify as Aboriginal and/or Torres Strait Islander people is likely to grow based on employment trends in the ADF.⁷ The average age of veterans is 64, but this is projected to decrease over time.
10. However, these statistics don't tell us about veterans' quality of life, and whether they are well supported. These numbers do not demonstrate the extent to which risk factors for suicide and suicidality are being identified and mitigated, and protective factors are being strengthened and made more accessible. Veterans' wellbeing is discussed in the following section.

24.1.2 Veterans' wellbeing

11. DVA has adopted the following understanding of wellbeing, based on the Australian Institute of Health and Welfare (AIHW) definition:

The concept of wellbeing includes a person's physical, social, emotional and mental health. Among other factors, interpersonal relationships, financial control and a sense of purpose contributes to a sense of happiness and satisfaction across the lifespan.

There are many words that describe wellbeing; feeling good, healthy, happy, abundance, fitness, meaningful work, sense of purpose, belonging, connected and many more.

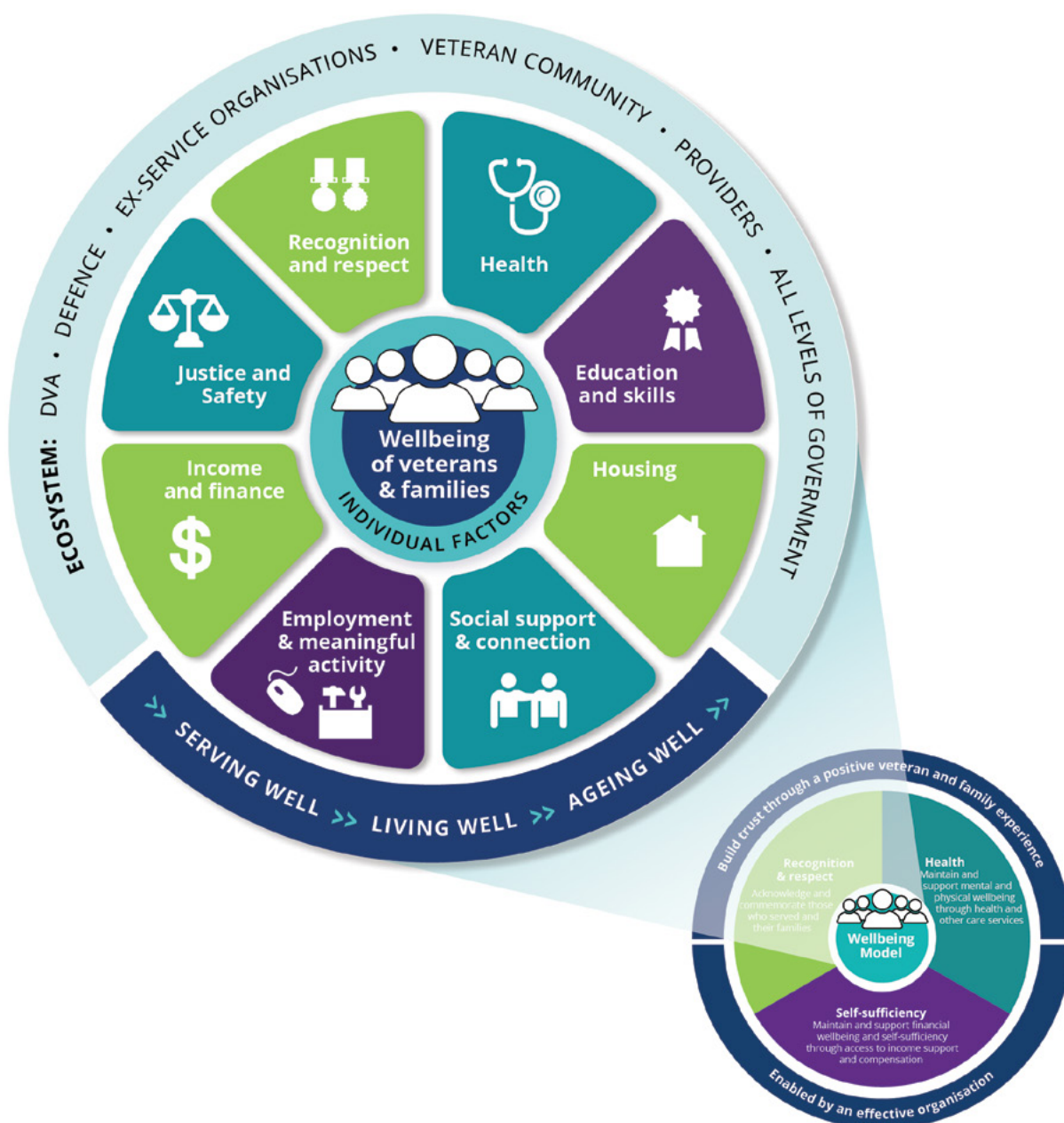
Simply put, wellbeing describes how you feel about yourself and your life. A person's state of wellbeing changes depending on circumstances and stage of life. Underpinning the model is the 'serving well, living well and ageing well continuum', or 'whole of life' approach that supports the ever-changing course of [each] individual's unique journey.

Wellbeing is both subjective and objective and includes a complex combination of biological, lifestyle, socioeconomic, societal and environmental factors, which can be influenced by health care, welfare support and other interventions.⁸

12. The DVA Wellbeing Model (Figure 24.3) reflects a holistic approach and is made up of eight interconnected domains: health, housing, social support and connection, education and skills, employment and meaningful activity, income and finance, justice

and safety, and recognition and respect. Spiritual wellbeing has been recently added as a ninth domain. DVA has acknowledged that investing in veteran wellbeing is ‘inherently’ preventive for suicide and suicidality.⁹

Figure 24.3 DVA Wellbeing Model



Source: Department of Veterans' Affairs, *DVA Corporate Plan 2023–24*, 2023, p 6 (Exhibit F-04.074, DVS.1111.0001.2449).

13. DVA's Wellbeing Model recognises that individual factors such as health and family relationships affect veterans' wellbeing, as do factors associated with the complex 'ecosystem' of services and supports delivered by the Australian Government, state and territory governments, non-government organisations and providers from the veteran community.

14. This chapter raises the following questions:

- What is the current state of Australian veterans' wellbeing?
- What is DVA's role in supporting veterans' wellbeing, and how effectively are they fulfilling it?
- What are the roles of state and territory governments and ex-service organisations in supporting veterans' wellbeing, and how effectively are they fulfilling them?
- What needs to change to improve veterans' wellbeing?

The current state of veterans' wellbeing

15. DVA has identified the following elements of wellbeing that matter to veterans. Each reflects a domain of the wellbeing model in Figure 24.3:

- to experience a state of positive health
- to have the necessary skills and education to support their career and make informed decisions throughout their lives
- to have a secure and safe place to live
- to be financially self-supporting and resilient
- to build healthy relationships and be involved with their community
- to be meaningfully active through fulfilling employment throughout their working lives
- to be part of a community that values and pays tribute to veterans' service and sacrifice.¹⁰

16. We note that the domains of justice and safety, and spiritual wellbeing have been added to the model since DVA undertook this exercise and are not reflected in this list.

17. As we have acknowledged throughout this Royal Commission, veterans are highly skilled and resilient members of our community, with capacities and experiences that are of great value during and post service. However, the nature of military service means that many ADF members are exposed to situations that most people are not exposed to. For some of them, this results in moral injury, post-traumatic stress, and physical and psychological injury, the effects of which can be profound and long-lasting. These very real effects can also give rise to stigma that veterans may feel keenly and must also work to overcome. As the AIHW has stated:

Ex-serving members of the ADF are an important group of people for wellbeing monitoring, as the nature of military service means their needs and outcomes can differ from those of the general population.

The unique nature of ADF service can enhance a person's health and wellbeing; a phenomenon known as the 'healthy soldier effect'. Military personnel are generally physically and mentally fit, receive regular medical assessments, and have access to comprehensive medical and dental treatment as a condition of service. Selection processes also mean they may be fitter than people in the broader Australian population when they enlist. However, ADF service increases the likelihood of exposure to trauma (either directly or indirectly) and affects support networks, for example, separation from family during deployment. These experiences mean some ex-serving ADF members may encounter challenges in everyday living above those of the Australian population, especially those who discharge involuntarily.

Australia's veterans may experience physical and mental health needs, outcomes and challenges that are different from the rest of the Australian population, including increased risks of mental illnesses, poorer physical health and impacts to general wellbeing following separation (or transfer) from the regular ADF service. This can affect some people during the transition phase and their success of re-integration and employment after transition, and in the longer term with the later onset of chronic health conditions.¹¹

18. Robust quantitative data on all domains of veterans' wellbeing is scant, although it is slowly increasing. Over the past decade, research results and analysis of data on veterans' experiences have contributed to a more detailed picture of each wellbeing domain.
19. We have summarised some of these key findings below to provide a snapshot of veterans' wellbeing, but unfortunately have been unable to provide a comprehensive overview due to data limitations. Gaps in data on the veteran population are further discussed in Chapter 29, Use of data and research by Defence and DVA.

Physical and mental health

20. In 2023, the AIHW published its report *Health of Veterans* which compiled material already published on 'topical health issues among Australia's veterans', using administrative and survey data, and linking data where possible.¹² The report included data from the 2020–21 National Health Survey and the 2020–21 National Study of Mental Health and Wellbeing.

21. The AIHW analysis found that:

Long-term health conditions, both physical and mental, have a significant impact on health. In particular, mental health conditions, including depression, post-traumatic stress disorder (PTSD) and alcohol dependence disorder, have been identified as an issue of concern for Australia's veterans. Those who have served in the ADF also experience these and other conditions to varying degrees.

Based on self-reported data from the 2020–21 NHS [National Health Survey], **males aged 18 years and over who had ever served in the ADF had a higher prevalence of several long-term health conditions compared with those who had never served.** This includes higher rates of:

- Arthritis (33% compared with 12%)
- Back problems (31% compared with 19%)
- Heart, stroke and vascular disease (15% compared with 5.9%)
- Diabetes (14% compared with 6.9%)
- Cancer (6.7% compared with 2.6%)
- Chronic obstructive pulmonary disease (3.6% compared with 1.0%).

Among those who had ever served, the prevalence of long-term health conditions was similar regardless of DVA client status.¹³

22. Similarly, there was a higher prevalence of mental health conditions among serving and ex-serving men than in the general male population. The report only presented data for men as the proportionally low numbers of serving and ex-serving women constrain reporting on their data.¹⁴ The AIHW reported that:

International studies suggest an increased prevalence of dementia among veterans compared with the general population; **veterans have an increased prevalence of risk factors for dementia: including traumatic brain injury sustained through active duty, PTSD, and major depressive disorder.**

The disclosure of mental health conditions during service can be associated with stigma and fear of repercussions on career. Mental health stigma is also associated with barriers to seeking help following transition to civilian life. It may be the case that non-DVA clients (or veterans who chose not to engage with DVA) are more reluctant or less likely to disclose poor mental health rather than those who are DVA clients or who have sought support from DVA. This limitation may apply to the data presented in this report. Based on self-reported data from the 2020–21 NHS, of males aged 18 years and over:

- Over a quarter (27%) of those who had ever served in the ADF had a mental or behavioural condition, compared with less than 1 in 5 (17%) who had never served.
- 12% of males who ever served in the ADF reported having had depression or feeling depressed, which was similar to those who had never served (9.4%).
- **Those who had ever served in the ADF were around twice as likely to report having an anxiety-related disorder as those who had never served** (21% compared with 11%).¹⁵

23. The prevalence of disability and restrictive long-term health conditions were also higher for serving and ex-serving men:

According to self-reported data from the 2020–21 NHS, almost 2 in 5 (37%) males who had ever served in the ADF had a disability with a limitation or restriction, while 1 in 5 (20%) had a disability but with no limitation or restriction. **These proportions were around twice as high as those of males who had never served** (17% and 12%, respectively).¹⁶

Education, employment and income

24. The 2021 Census provided insights into the education, employment and income status of veterans.
25. In terms of education, the 2021 Census found that:

Fewer previous service members aged 25–64 reported year 12 or below as their highest level of educational attainment compared to people who had never served (24.1% compared to 27.9% respectively), suggesting **they are more likely to go on to higher education after school**.

A higher proportion of previous service members aged 25–64 (27.7%) obtained a Certificate III or Certificate IV as their highest level of educational attainment compared to 19.3 per cent of people who had never served.

As a total population, previous service members aged 25–64 are less likely to have obtained a bachelor degree and above than those who have never served (26.2% compared to 35.8%). However, when looking at the previously served Regular and Reserves service members separately, previous Reserves service members were as likely as people who had never served to obtain a bachelor degree and higher (35.3% compared to 35.8% respectively).

Females who had previously served were more likely than males who had previously served to obtain a bachelor degree or higher (34.4% compared to 24.3%). Females who had previously served in the Reserves service were the most likely to obtain a bachelor degree or higher (42.4%) compared to females who had previously served in the Regular services (29.5%) and females who had never served (39.6%).¹⁷

26. In terms of employment, the 2021 Census found that:

A similar proportion of previous service members aged 15–64 were employed (74.8%) compared to people who have never served (73.7%). However, previous service members were more likely than those who had never served to be engaged in full-time employment (56.0% and 43.9% respectively) and less likely to be employed part-time (13.7% compared to 23.9%). **They were also less likely to be unemployed (3.2% compared to 4.1%) than those who have never served ...**

The 2021 Census asked Australians how many hours they had worked in the week before Census. **Of the 174,300 previous service members aged 15–64 who were employed, they worked longer hours compared to those who had never served** in the ADF.¹⁸

27. In terms of income, the 2021 Census found that:

For persons aged 15–64, **equivalised weekly household income levels were generally higher among previous service members than those who had never served**. According to the 2021 Census, of people aged 15–64 living in a private household, median weekly equivalised household incomes of those who had previously served in the Regular service was \$1422 and Reserve service was \$1445. In contrast, people who had never served had a lower median weekly equivalised household income of \$1257.¹⁹

28. The ABS also published a case study of young ex-serving members, which it defined as aged 25 to 44, who represented 13.8% of the ex-serving population. The case study found that:

Previous ADF service is associated with positive education, employment and income outcomes as well as higher community involvement through volunteering for young previous service members when compared to people who have never served in the ADF.

Previous ADF service was associated with higher participation in full time employment for people aged 25–44. Around two in three (64.5%) of people who had previously served were employed full time compared to around half (52.3%) of people who had never served. This pattern was true for both males and females.

Equivalised weekly household income was generally higher among young previous ADF service members than people who had never served ... Similar patterns were observed when looking at the median personal income of young people who had previously served in the ADF compared with young people who had never served.

People aged 25–44 who had previously served in the ADF were more likely to be involved in their communities through volunteering than people who have never served. Around one in five young people who had previously served (18.2%) had volunteered in the past 12 months, compared with 13.0 per cent of those who had never served.

Young females who had previously served were more likely to have volunteered than males, regardless of their type of service. Almost twice the proportion of young females who had previously served in the Reserves service volunteered in the previous 12 months (27.8%) compared to young females who had never served (14.6%).²⁰

29. While the 2021 Census data paints a positive picture of ex-serving members' education, employment and income overall, averages are just that – averages. We know this is not everyone's experience and does not tell the whole story.

30. In 2022, the AIHW published an analysis which found that:

the majority of ex-serving ADF members were doing well in 2016. Many had attained higher education qualifications, were employed, earned higher incomes than the Australian population, owned their own homes (including those paying mortgages), and were socially connected by living in a family type household. It is important to note however this was not the case for everyone. **Those who separated from the ADF involuntarily for medical reasons experienced wellbeing challenges such as higher unemployment rates, had lower levels of education qualifications, and were receiving lower incomes in 2016 than those who separated for any other reason.**²¹

Social support and connection

31. The AIHW analysis found that the majority of ex-serving members were living in family households, and the proportion of ex-serving members living alone was similar to that of the general population.²²

32. In 2023, the AIHW reported on data from the Household, Income and Labour Dynamics in Australia (HILDA) survey, which for the first time included questions about ADF service. The AIHW reported that:

Social connectedness plays a significant role in the health and wellbeing of veterans both during and after service. Strong social connectedness has been associated with an increase in social support networks and general happiness levels with reduced severity of Post Traumatic Stress Disorder (PTSD) symptoms and lower suicidality. However, the risk and protective factors against poor social connectedness are not well researched in Australia's veteran population.

Analysis of Wave 21 HILDA data found that **overall, Australia's veterans experienced similar or better social connectedness than the broader Australian population. However, analysis also revealed that some subgroups of veterans, such as those in poor general or mental health, were often at higher risk of issues with social connectedness than other veterans.**²³

Respect and recognition

33. While there is a lack of quantitative data on the 'respect and recognition' wellbeing domain, it is an important issue for veterans. We have heard significant lived-experience testimony from veterans in private sessions, in submissions and during hearings that a lack of recognition for their service can significantly affect their overall wellbeing.

34. One submission author told us:

Politicians and Defence leadership can thank us publicly all they like for our service, but it means nothing without substance, without someone actually making the effort and speaking to you and until better management of the transition into civilian life once you have left Defence is achieved there will be those who find it too difficult and take their own lives.²⁴

35. Another submission author said it was important to recognise the impact of military service and the damage that is caused when members feel that their type of service is miscategorised or diminished:

Australian soldiers had rules of engagement and [were] sent to a country at war. However, these soldiers have been denied their due recognition and entitlements by the Dept of Defence and other Government departments. Various inquiries have failed to address the reality of the deployment and the fact the Australian Government sent these men in 'harm's way'. These inquiries have 'cherry picked' information to suit the Government's stance that these troops were in Malaysia in a training capacity and [that their] service was of a peace time nature. Anyone with basic research skills and integrity will identify the 'warlike' nature of these deployments.

Consequently, these veterans have suffered a great deal of psychological and emotional turmoil, especially as a result of the intransigence by various Governments to honour these soldiers ... Many of these veterans have died and the remaining veterans are seeking closure for all those who served. It is time this issue was properly acknowledged, veterans correctly recognised and the matter finally put to rest. This Royal Commission has the opportunity to treat this ageing wound, reinstate integrity in Australian Honours and Awards system and give confidence back to veterans and the public.²⁵

36. The importance of members being respected and recognised for their service is discussed in more detail in Chapter 23, Transition from military to civilian life.

Spiritual wellbeing

37. There is also a lack of quantitative data on the spiritual wellbeing domain. DVA has, however, established the Veterans' Chaplaincy Pilot program:

in recognition of the vital role that ADF chaplains can play in supporting spiritual wellbeing during service and help address the lack of equivalent services available when transitioning to civilian life. The VCP [Veterans' Chaplaincy Pilot] Program provides counselling and support in a non-clinical setting and pathways for veterans (including those transitioning) and families to access mental health and wellbeing support, as well as foster community connections.²⁶

38. DVA told us the pilot program has been extended until June 2025 to ‘provide time to consider and address findings from [its] evaluation ... for ongoing future suitability and benefit’. The evaluation will include statistics on the number of veterans with moral injury being supported by the program, the concept of which we explore in Chapter 21, Moral injury.²⁷

Housing

39. AIHW analysis of 2016 Census data found that ‘the majority of ex-serving ADF members owned their own home, at similar rates to the Australian population’.²⁸ However, those who separated involuntarily for medical reasons were less likely to own their home.²⁹
40. Estimating the number of people experiencing homelessness in the general population, including those who are veterans, is complex for a range of reasons. The population experiencing homelessness is small compared to the entire population, spread over a wide geographical area, and is often difficult to find during data collection processes.³⁰ However, there are datasets and surveys that provide an indication.
41. In 2017, an ‘ADF indicator’ was introduced into the data collection methodology of specialist homelessness services (SHS). While this offers some insight into the number of current and ex-serving members seeking homelessness services, it relies on self-reporting, and does not indicate whether the member is a DVA client, whether they have already separated from the ADF or if they have, the reason for separation.³¹
42. In 2022–23, almost 1,500 serving or ex-serving members received support from a specialist homelessness service, which made up less than 1% of all clients.³² Of these,
- 63% of clients (934) were men and 37% (550) were women.
 - Victoria had the greatest number of veteran clients, and Tasmania and the Northern Territory had the highest proportion of clients who were veterans.³³
43. Since 2017–18, the total number of serving and ex-serving members receiving support from SHS agencies increased by an average of 2.8% annually (from 1,300 clients in 2017–18 to 1,500 in 2022–23), which compares to an average decrease of 0.3% per year over the same period for all SHS clients. In the same period, the number of female veterans increased by an average of 4.4% per year, compared with 1.9% for males.³⁴
44. The 2021 Census results estimated that around 1,555 current or ex-serving members were experiencing homelessness on the night of the Census.³⁵
45. However, other surveys indicate the actual number of veterans experiencing homelessness may be higher, with proportionally more serving and ex-serving members experiencing homelessness than they comprise in the Australian population.³⁶ That is, they are likely to be over-represented.

46. In 2019, the Productivity Commission reported that:

surveys of inner-city homeless populations find veterans are overrepresented. For example, while ex-serving veterans comprise about 2 per cent of the general population, the State of Homelessness study found veterans were about 5 per cent of the homeless population across various city centres ... and Homelessness NSW found that 8 per cent of the homeless in inner city Sydney identified as veterans.³⁷

47. Also in 2019, the Australian Housing and Urban Research Institute (AHURI) published research commissioned by DVA to better understand the prevalence of homelessness among veterans. The research found that ‘a much larger group of veterans than previously estimated experience homelessness’.³⁸ The AHURI report examined data from the Transition and Wellbeing Research Programme and concluded that:

The 12-month homelessness rate for recently transitioned veterans (5.3%) is significantly higher than that for the general Australian population (aged 15 years and over) (1.9%). Although these figures are not directly comparable, the findings strongly suggest that veterans are over-represented in the Australian homeless population.³⁹

48. The datasets and surveys measuring the number of veterans experiencing homelessness are not directly comparable. However, we can conclude that the number of veterans seeking support from specialist homelessness services has increased between 2017–18 and 2022–23. Further to this, recently transitioned veterans in particular may be over-represented in the population experiencing homelessness.

Justice and safety

49. Data on the number of ex-serving members in contact with the criminal justice system (as either victims of crime or offenders) is poor. DVA commissioned research ‘to identify and address gaps in the knowledge of the veteran experiences in corrective services systems, with a focus on wellbeing’, which was published in 2023.⁴⁰ The research found that ‘it is not yet possible to quantify the incarcerated veteran population in each State or Territory or nationally’.⁴¹ The report noted that ‘data on military service experience has not been and is not systematically collected upon intake to prisons in Australia’, and ‘the use of veteran identifiers on entrance to prison is relatively new’.⁴²

50. The report noted that the AIHW identified some ‘key information gaps’ in relation to incarceration of ex-serving members, including:

- the number and nature of interactions with the criminal justice system
- the prevalence of violence in the ex-serving member community, and characteristics of ex-serving members who are at risk of becoming victims or offenders
- how feelings of safety or experiences in the justice system affect the health and welfare of ex-serving members.⁴³

51. One of the report's recommendations was that 'DVA work with jurisdictions to develop a nationally consistent approach to collecting/reporting on data/numbers of incarcerated veterans'.⁴⁴ This work and the broader issue of incarceration are discussed in more detail in section 24.5.1.
52. While there is a lack of data on ex-serving members' interactions with the criminal justice system, the research highlighted the intersection between incarceration and other aspects of wellbeing, stating that:

The project drew upon the international social health and transition literature. A social transition approach considers veteran incarceration as an effect of 'the interrelationship of economic, cultural and environmental factors and living and working conditions, including family life, education, employment, healthcare services, housing, lifestyle choices and biological factors'. Deteriorations in mental health, the advent of substance abuse, occurrences of family violence (usually as perpetrators) and increased social isolation generally signify problems in navigating the aforementioned life domains and thereby the transition from the military service to civilian life.⁴⁵

53. This underscores the importance of considering the wellbeing domains holistically, as a deterioration in one aspect of life can lead to broader negative consequences in the absence of effective support and protective factors that may buffer the risk.

Veteran wellbeing, suicide and suicidality

54. As this data outlines, most veterans are doing as well as, or better than, the average Australian when it comes to employment, income, housing and social connectedness. However, we also know that ex-serving members are at higher risk of suicide and suicidality than the general population. For a detailed discussion of these statistics, see Chapter 1, Understanding suicide.
55. The data shows a higher prevalence of some long-term health conditions and mental health issues in ex-serving members compared to those who have never served. The literature review we commissioned from Phoenix Australia found that PTSD is 'arguably the largest risk factor for suicidality in military populations', and that 'specific pain conditions' are associated with 'increased odds of attempted suicide' – including back pain and arthritis, among others.⁴⁶ We discuss these matters in greater detail in Part 5, Health care for serving and ex-serving members.
56. In addition, those who discharge involuntarily on medical grounds or for the reason 'retention-not-in-service-interest' face particular challenges and often experience lower levels of wellbeing. As we discuss in Chapter 1, Understanding suicide, the cohort of ex-serving members whose service was terminated involuntarily are at higher risk of suicide and suicidality.

57. We also know that certain experiences during service, including sexual assault and moral injury, are associated with higher risk of suicide and suicidality, and that transition from military to civilian life is a period of particularly high risk. These topics are further discussed in Part 3, Misconduct, complaints and military justice, and Chapter 21, Moral injury, and Chapter 23, Transition from military to civilian life.
58. In addition to the risk factors experienced by these cohorts, there are clear connections between other wellbeing domains and increased risk of suicide and suicidality. AIHW analysis in 2022 revealed that:
- psychosocial risk factors were the most common type of risk factor identified among Australian serving and ex-serving members who died by suicide, with at least 80% of members who died by suicide having at least one psychosocial risk factor. This was followed by mental and behavioural disorders and natural disease.⁴⁷
59. Mood disorders (for example, depression) were the most commonly identified risk factor, followed by relationship problems. Problems related to employment (including unemployment) were also commonly identified among those who died by suicide.
60. It is important to note, that while wellbeing factors may be statistically associated with an increased risk of suicide, this does not mean they should be considered direct causes of it. Suicide and suicidality are complex phenomena. They involve many 'causal and circumstantial risk factors', as well as being influenced by the 'presence of protective factors [which] may reduce the risk of suicide'.⁴⁸
61. Phoenix Australia examined the impact of psychosocial (or 'wellbeing') and demographic factors on suicide and suicidality and reported that:
- financial and housing instability were found to increase the risk of suicidality in Australian ex-serving members
 - ex-serving members under the age of 40 were at greater risk of suicidality
 - risk factors for suicidality affecting older veterans included loneliness, reduced sense of purpose in life, frailty and negative expectations about emotional ageing (the changes in wellbeing and emotional stability associated with ageing)
 - according to international evidence, involvement in the criminal justice system was a risk factor for suicidality in ex-serving members.⁴⁹
62. The literature review also highlighted that the intersection of factors can increase the risk of suicide and suicidality. For example, US veterans experiencing homelessness who also had 'a high probability of mental health disorders' (such as PTSD, depression and substance use disorder) were at increased risk of dying by suicide.⁵⁰ The risk of suicidality was also higher for ex-serving members experiencing housing instability who had also experienced military sexual trauma.⁵¹

63. The *Preliminary Interim Report* of the interim National Commissioner for Defence and Veteran Suicide Prevention also referenced research from the United States, as well as the findings of a research study on recently transitioned ex-serving members, which linked homelessness to increased risk of suicidality:

The research evidence also shows a relationship between suicidality and homelessness. In a sample of veterans recently transitioned from the ADF, those who had experienced homelessness within the previous 12 months were more than twice as likely to report at least one form of suicidality than those who had not experienced homelessness (66.7% compared to 27.8%). These included those veterans reporting having felt like life was not worth living, having felt so low that they had thought about taking their own life, having made a suicide plan or having made a suicide attempt.

There is a similar trend in US veterans. Researchers found that relative to those veterans who had not experienced homelessness, veterans who had experienced homelessness had higher rates of:

- suicide attempts in a 2-year period
- suicidal ideation experienced at any period during their lifetime
- lifetime suicide attempts
- suicidal ideation experienced during the previous 2 weeks.⁵²

64. The intersectionality of risk factors is significant. The submission from an ex-serving Army member, set out in part in Box 24.1, illustrates the lifelong impacts of being abused and sexually assaulted during service. It shows the multiple intersecting risks that manifest afterwards in civilian life, including relationship breakdowns, alcohol dependence, significant physical and mental health issues, homelessness, unemployment and attempts at suicide.

Box 24.1 The lifelong impacts of being abused during service

[Content warning: physical and sexual abuse and suicide]

In or around [redacted], I went to the on base boozer (pub) [redacted] to watch TV. I was sitting on the lounge a few of the boys bought me a few drinks. I drank them and started to feel tired, it felt like my drinks had been spiked.

Then approx. 4 to 5 soldiers grabbed me and used physical force, aggressively held me down they placed a pillow over [my] face, I started to struggle as they started to violently remove my clothes, at this time I couldn't breathe properly and I feared for my life. After they stripped me, they firmly taped my hands and feet (hog tied). They then proceeded to apply vegemite all over my body, genitals and an object was penetrated up my anus, I believe at this stage I lost consciousness. I awoke later lying on the lounge with all the lights off, I broke through the tape and freed

myself, I was uncomfortable as I had a chocolate bar which penetrated into my anus. I found my keys, clothes and snuck up to my room and passed out on my bed. As per [redacted] I had been again physically and sexually assaulted. I do not recall this as I was passed out.

The next day I was embarrassed, humiliated, battered, bruised, and frightened. I reported this incident to a junior NCO [non-commissioned officer], who then verbally threatened me. He told me 'don't tell anyone'. He told me to 'toughen up', 'welcome to the real Army'. He implied that if I told anyone, the people who assaulted me would bash me up. I was too scared to report this to SNR [senior] NCO for fear of retribution by the offending parties.

About two days later, a man assaulted me outside the phone box at the boozier. He punched me in the stomach. I fell onto the ground and he kicked me, and yelled at me 'keep your mouth shut. Don't dob the boys, or worse will happen'.

Bullying and harassment continued and also verbal abuse. Because I am a darker colour, they called me ABO.

As a result, in the week I planned to kill myself ... [t]he duty PTE [private] saw me ... He came and got me and pulled me back, sat me down, talked to me and took me back to my room.

The abuse continued. I told all the boys to stop but they continued. Everyone knew what happened. The authorities turned a blind eye. I was too scared to leave my room; I would hide in my room and I was so paranoid and scared for my life. I started to get recurring nightmares of the life-threatening event – that they were assaulting me again.

During the day I was having recurring memories of the assaults. My concentration was poor, I had sleeping difficulties, and irritability, and I was easily startled. I got night sweats, heart palpitations, and terrible recurring dreams. I was jumpy and alert all the time.

I felt anger and hatred, and I was always tired from always being on high alert. When in my room, I was too scared to answer the door. I was very depressed and had anxiety. I tried to block the incident out. I was always in negative emotional state, I despised myself. I felt worthless because that happened to me. I did not have friends or family – they were all in [redacted] and I was in [redacted].

As I couldn't get medical help, I started to self-medicate on alcohol to hide my feelings and block the thoughts. I would drink myself to blackout stage. To avoid the men, I started eating takeaway or going late to the mess as there was no one in there. I gained a lot of weight – 26 kg. I started avoiding people, places, things, or memories that reminded me of the trauma of being assaulted and abused. Around 1996–97: I was diagnosed as being alcohol dependent and admitted to military Alcohol rehabilitation (AREP).

In 1995: I was posted to [redacted]. In the evening at the base boozier, I was just walking out. In the dark, an old acquaintance king hit me. My eye was cut.

My lieutenant took me to [redacted]. At that time there was a group including neo-Nazis and skin-heads who used to go into town and bash people up. I never reported the king hit. It was reported on my med docs recording the incident to my eye injury.

In 1996: When I got posted to [redacted] the OC [officer commanding] and SSM [squadron sergeant major] verbally abused and harassed me. In my opinion they were trying to get me kicked out of the army. This has all been documented in my personal military files. My military career suffered from this.

First marriage: On [redacted] 1999 I married and we had two children. In 1999, when I left the Army, I found very hard to adjust to civilian life. I never had any transition period to civilian life. It was sink or swim. I had problems in social and work relationships. Certain words triggered memories or disturbing thoughts. I spirall[ed] into negativity straight away. I have a lot of self-doubt in myself. I move myself away from conflict. I continued drinking and mental problems continued.

In 1999 and 2006, I also tried to suicide. In 1999 I sold my car and went to [redacted] intending to kill myself there ... I was in [redacted] – I had been there previously in the Army ... Then realised it wasn't going to work. I went to the bar instead.

In 2018, I had the urge to kill myself. I emailed my e[x] a suicide note, asking her to look after my kids because they would be better off without me. The police and ambulance came ... They took me to [redacted], where I was placed on suicide watch. I eventually lost my marriage, kids, and assets. I left [redacted] to get away from everything.

In 2020, I haven't seen my children in 2 years. I feel like a failure as a husband and a father and feel worthless.

2015: Split up with first wife. 2017: Around 2016–17 I started a second relationship. We moved in together in 2017. We were living in [redacted]. In 2018, I lost 2nd relationship as well. She kicked me out. I stayed at friend's places on lounges, and sleeping in my car. I was emotionally fatigued and had suicidal thoughts.

Since I left the army in 1999, I have moved 8 times; have had 10 jobs, been unemployed for 6 months and homeless for 2 months. I eventually declared bankruptcy. My health suffered. I have been diagnosed with depression, anxiety, sleep apnoea, stomach ulcers, lethargy, fatigue, and marked lack of energy.

In 2020, I withdraw completely from family, friends and others. I uncharacteristically neglect responsibilities, personal hygiene, and appearance. I was eating poorly. My work performance is deteriorating. I have difficulty concentrating, following conversations and remembering things. I panic, become anxious, and depressed. I still have suicidal urges, and extreme changes in mood for no real reason. My psychologist, whom I see regularly, has diagnosed me with Post Traumatic Stress Disorder, triggered by being assaulted while in the ADF; and substance-use disorder – alcohol, in remission.⁵³

65. The submission author told us they ‘never [k]new about DVA until 2019’ and now that more than 25 years have passed since the events, ‘DVA is a nightmare’.⁵⁴ This submission, like so many others we have received, illustrates the lifelong impact of abuse suffered during service. Even though the initial abuse may have occurred decades ago, veterans need and deserve support in the present day.
66. The remainder of this chapter examines the complex array of service systems aimed at supporting veterans beyond the immediate period after separation, which is covered in Chapter 23, Transition from military to civilian life.

24.2 DVA and veterans’ wellbeing

67. The Department of Veterans’ Affairs (DVA) is responsible for the following outcomes:
- maintaining and enhancing the financial wellbeing and self-sufficiency of eligible veterans and their dependants through access to income support, compensation and other support services
 - maintaining and enhancing the physical wellbeing and quality of life of eligible veterans and their dependants through health and other care services
 - acknowledging and commemorating those who served Australia and its allies in wars, conflicts and peace operations through promoting recognition of service and sacrifice, preserving Australia’s wartime heritage, and overseeing official commemorations.⁵⁵

24.2.1 DVA’s role in supporting veteran wellbeing

68. While several government agencies bear some responsibility for supporting ex-serving members and their families, DVA has primary responsibility.⁵⁶ To fulfil this role, DVA’s stated purpose is to ‘support the wellbeing of those who serve or have served in the defence of our nation’ by ‘partnering with organisations and individuals to help design, implement and deliver effective policies, programs and benefits, which enhance the wellbeing of veterans and their families’.⁵⁷
69. In 2019, the Productivity Commission critiqued the ‘illness model’ it believed characterised DVA and the legislative entitlements system it administers, and emphasised the need to move towards veterans’ lifetime wellbeing as the primary model. It stated that:
- [t]he veteran support system should be about more than compensation and rehabilitation. It must take a lifetime approach to supporting veterans and their families and be more focused on wellness and ability (not illness and disability) and minimising harm from service. It needs to be more responsive to the changing needs and circumstances of veterans, which will require more flexibility in supports and the way they are provided.⁵⁸

70. DVA has acknowledged previous reviews and inquiries have consistently identified this issue, and recognised that moving to a wellbeing-focused model required a significant shift, stating:

DVA has undergone more than 20 significant reviews and/or inquiries in the past two decades. Many reviews identified similar themes including that **we are consistently poor when it comes to effecting improved wellbeing outcomes for veterans.**⁵⁹

71. DVA considered that developing the Wellbeing Model (pictured in Figure 24.3) represented a 'first step' towards:

- aligning its understanding of veteran wellbeing and its role in supporting wellbeing outcomes
- shifting from an illness narrative towards a whole-of-life wellbeing model of supporting veterans and their families
- promoting the importance of enabling veterans and their families to make their own decisions about what matters to them
- setting the direction for building DVA's capability to apply wellbeing principles to support the needs of veterans
- ensuring that veterans' needs are identified and prioritised in order to connect them with appropriate and timely support in the areas of mental health, disability, homelessness, unemployment and financial stability
- providing guidance to DVA staff when designing, measuring and embedding wellbeing into policy, programs and service delivery.⁶⁰

72. DVA has defined its role in relation to veteran wellbeing with reference to three categories:

As Lead: Directly responsible for the delivery of, or access to, programs that support wellbeing outcomes for veterans and their families.

As Steward: Partner to deliver programs to support wellbeing outcomes for veterans and their families.

As Advocate: Advocate on behalf of veterans to identify gaps and ensure services and supports are available across the community that support wellbeing outcomes.⁶¹

73. During one of our public hearings we heard from Ms Kate Pope PSM, Deputy President of the Repatriation Commission, who at the time was also responsible for the Veteran and Family Policy Division in DVA. She explained further:

Our concept of lifetime wellbeing is based on the work that was done by the AIHW and released in 2018, A Profile of Australia's Veterans, where they designed a wheel that looked at a set of domains that cover all the elements that make for a successful life ...

Not every aspect of every domain is the responsibility of DVA directly ... housing [is] one where we don't have direct service delivery, but we certainly work with providers of housing services to make sure that they are aware of veterans and their needs.

In some other areas, such as finance and income support, we have a much more direct role. In terms of health, we are the purchaser and provider of health services to veterans.

So [for] each segment of the wheel ... there is a combination of people who deliver to each of those, including, very importantly, the ex-service communities and the very many ex-service organisations that provide quite a range of supports to veterans and their families throughout that lifetime experience. Sometimes veterans would prefer to receive services from one of those organisations than necessarily to approach DVA. So it is an ecosystem that delivers around that full sense.

We have referred to the concept of 'Serving Well, Living Well and Aging Well', and that's the continuum that we look at. In terms of segments ... each of those people fits into a different part of the spectrum at different times. They come to us at particular times in their lives and then not seek services perhaps till later on. It just depends individually. And we see our job as supporting them throughout that whole continuum, as and when they need us.⁶²

74. DVA mapped its role against each of the domains (with the exception of 'justice and safety' and 'spiritual wellbeing', which were added later). Its work is summarised in Table 24.2.

Table 24.2 DVA's role across seven wellbeing domains

Wellbeing domain	DVA's role
Health	To provide veterans with timely access to evidence-based, outcome-focused treatment and support to make positive health decisions and adopt healthy behaviours.
Education and skills	To partner with other government providers, Defence and the broader veteran community to ensure that veterans' education and skills (including life skills) can be recognised post service.
Housing	To partner with other government providers, Defence and the veteran community to ensure that veterans and their families have access to long-term, safe housing, and emergency housing, when needed.
Income and finance	To ensure that eligible clients receive their full financial entitlements, and to partner with Defence, other government and community providers to support veterans' access to advice to make sustainable financial decisions.
Social support and connection	To partner with the broader veteran community, other government agencies and Defence to encourage veterans and their families to stay connected and build positive relationships within the community.
Employment	To partner with other government providers, Defence and the broader veteran community to support and promote meaningful employment for veterans post service.
Recognition and respect	To collaborate with the broader community to continue to pay tribute to and commemorate the service and sacrifice of all those who served.

Source: Department of Veterans' Affairs, Wellbeing – Whole of Life Framework (Draft)⁶³

75. DVA's intended role across the majority of these domains requires it to partner with other government agencies, ex-service organisations and the veteran community. In some of the wellbeing domains, particularly those related to health and income support, DVA's role depends on whether a veteran has an accepted claim for liability or compensation under one or more of the Acts administered by DVA.
76. For veterans who have an accepted claim for liability, DVA is responsible for funding:
 - health services
 - rehabilitation programs (including medical management, psychosocial and vocational support)
 - other supports (for example, transport and household assistance)
 - income support, in the form of compensation.
77. These issues are discussed in further detail in Chapter 25, Entitlements and claims processing and Chapter 26, Supporting DVA claimants and clients.

78. DVA has also started to play a more dedicated role of ‘service navigator’ for veterans it supports through Veterans’ Home Care and Community Nursing programs. In January 2024, DVA established an Aged and Community Care Taskforce to work with:

veterans, service providers, and colleagues in the Commonwealth and state and territory governments to design and implement a new service system to assist veterans and families navigate this critical life stage, and ensure they are able to access all their entitlements. A key feature of this work is the role of DVA as ‘navigator’ – removing complexity for veterans with better information, active support, and, if necessary, full case management.⁶⁴

79. DVA also provides services to all veterans, regardless of whether they have an accepted claim. These services include:
- counselling support for all veterans and their families through Open Arms (which we discuss in detail in Chapter 19, Open Arms)
 - case management services for veterans with complex needs
 - non-liability health care, which entitles anyone who has served at least one day of continuous full-time service in the ADF to free mental health treatment.
80. DVA is also responsible for commemorations, which are critical in promoting recognition and respect for veterans. This includes commemorative activities that promote community understanding of veterans’ service and sacrifice, and maintaining war graves.⁶⁵

24.2.2 DVA’s engagement with the veteran community

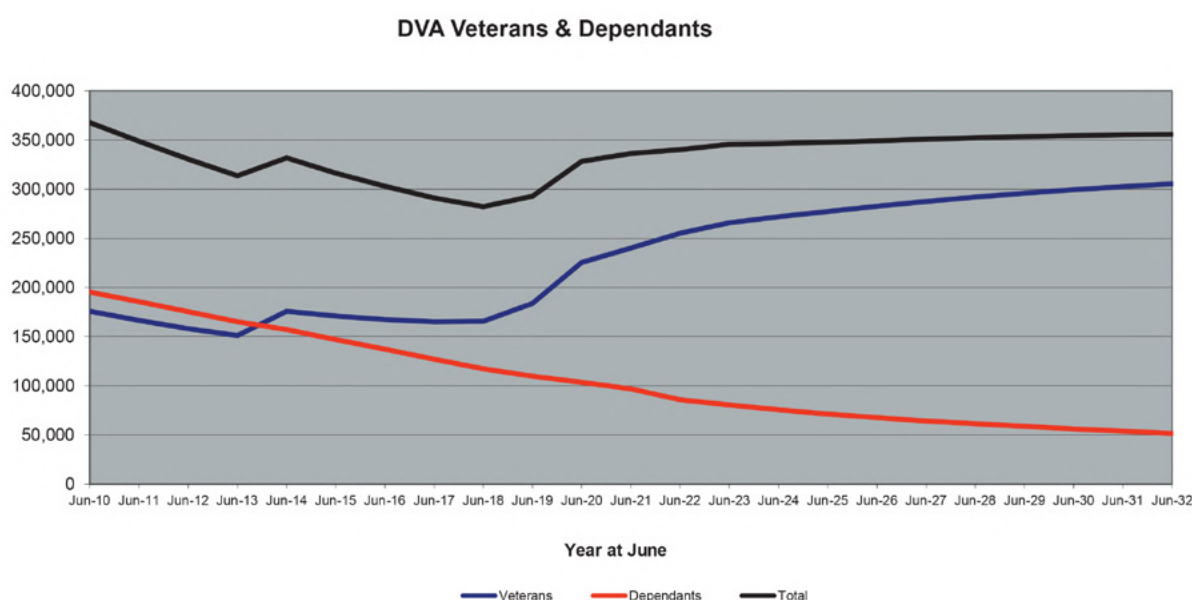
81. In 2023–24, the Australian Government provided approximately \$14 billion to fund supports for veterans, and this figure is expected to increase in the future.⁶⁶ This includes funding for compensation payments and the provision of health care, counselling, rehabilitation and other support services.
82. DVA estimates that around one in two serving members go on to become DVA clients after separation.⁶⁷ However, many veterans never contact DVA and do not receive any services from the organisation.

DVA expects to support more clients as well as a higher proportion of ex-serving members

83. Between 2002 and 2021:
- The proportion of male ex-serving members who were DVA clients increased from 21% to 41%.
 - The proportion of female ex-serving members who were DVA clients increased from 13% to 34%.⁶⁸

84. Over the same period, several reforms and new programs were introduced that aimed to improve engagement between DVA and the veteran population, and increase its support of them. One example is the ongoing expansion of eligibility for non-liability mental health care via the White Card. Since July 2017, all veterans with at least one day of continuous full-time service have been eligible for free treatment for all mental health conditions without requiring a diagnosis or proof of connection to service. The AIHW consider this as the main reason for the increase in the proportion of veterans being DVA clients.⁶⁹
85. Figure 24.4 indicates the number of veterans and dependants (including war widow(er)s and orphans) supported by DVA between 2010 and 2023. The number of dependants has been steadily declining, while the number of veterans supported by DVA has steadily increased since 2018–19. As at December 2023, DVA supported 271,466 veterans (including White Card holders) and 77,702 dependants.⁷⁰

Figure 24.4 Current and forecasted DVA beneficiaries



Source: Exhibit UU-01.006, Department of Veterans' Affairs, DVA Projections – Executive Summary of DVA Beneficiaries in Receipt of Pension(s), Allowance(s) or Health Care, DVS.6666.0001.5510 at 5510.

86. According to research conducted in 2019, 'there is a picture of increasing severity of both mental and physical symptoms from military service to transition out of full-time military service'.⁷¹ This suggests that demand for support is likely to increase over the coming years, particularly since the Defence Strategic Review stressed the need to increase the number of serving members.⁷² This is consistent with DVA's forecasts, which project 333,700 veteran clients by June 2033.⁷³ This represents an increase of 23% since December 2023.
87. Veterans who seek support from DVA tend to have physical and mental health needs. It therefore follows that many of the veterans who are DVA clients were medically discharged (involuntarily) from service. As at 31 December 2021, of those who separated from January 2003:

- 93% of men and 92% of women who separated involuntarily for medical reasons were DVA clients
 - 41% of men and 34% of women who separated involuntarily for other reasons were DVA clients
 - 40% of men and 34% of women who separated voluntarily were DVA clients.⁷⁴
88. As we have discussed throughout our report, veterans who were involuntarily medically discharged are at higher risk of suicide and suicidality, as are veterans who were involuntarily discharged for the reason ‘retention-not-in-service-interest’, also called ‘administrative discharge’ (which we discuss in Chapter 10, The ADF military justice system, and other chapters in Parts 3 and 4).
89. We have heard firsthand from large numbers of DVA clients that its administrative practices and poor customer service have exacerbated their pain and suffering. Too many people have felt unsupported, and changes are needed to improve the experience of DVA clients. These issues and our recommended changes are discussed in Chapter 25, Entitlements and claims processing and Chapter 26, Supporting DVA claimants and clients.

The majority of ex-serving members who died by suicide were not DVA clients

90. Between 2002 and 2021, 331 (29%) of the 1,154 ex-serving members who died by suicide were DVA clients (that is, they were receiving benefits, payments and/or health support funded by DVA) – 306 men and 25 women.⁷⁵
91. Of the 331 ex-serving members who died by suicide and were DVA clients:
- 22.4% died between one and five years after separation
 - 21.5% died between five and 10 years after separation
 - 30.2% died between 10 and 20 years after separation.⁷⁶
92. Data is not available for those who died by suicide within one year of separating from the ADF, or for those who died more than 20 years after separation.
93. Members’ transition from military to civilian life can be a higher risk period for poor mental health, suicide and suicidality, particularly for ex-serving males who served in the permanent forces and separated involuntarily for the reason ‘retention-not-in-service-interest’.⁷⁷ However, exposure to risk factors can occur at any time and significant adverse consequences of exposure to risk factors may manifest at different times depending on someone’s personal circumstances, health and context.
94. As discussed in Chapter 25, Entitlements and claims processing, we have heard that DVA claims processing delays and other practices have contributed, sometimes significantly, to distress in veterans.

95. However, the fact remains that a significant number of veterans who died by suicide were not in contact with DVA. The AIHW data indicates that between 2002 and 2021, the majority (71%) of veterans who died by suicide were not DVA clients at the time of their death.⁷⁸
96. We recognise that not all veterans need support after they have separated from the ADF. However, many do, and this data demonstrates that a significant number of veterans are not receiving the support they need. We explore why this may be in section 24.3.

24.2.3 Beyond DVA: the service ecosystem that supports veteran wellbeing

97. In addition to receiving support from DVA, veterans may also be supported by other Australian Government agencies including the Department of Health and Aged Care, the Department of Social Services, the Commonwealth Superannuation Corporation and the National Disability Insurance Scheme.
98. The Australian Government provided the following description of the ‘distinct but complementary’ responsibilities of Australian, state and territory governments with respect to supporting veterans:

The Commonwealth (through the Veterans’ Affairs portfolio) has primary responsibility for veterans’ affairs, in the sense of administering the legislation governing veterans’ entitlements; and delivering programs to support the wellbeing of veterans and their families, incidental to that legislation.

States and Territories deliver essential services to their citizens in their respective jurisdictions (such as health, education, employment, justice, housing and transport). This can include service offerings to discrete cohorts of people within their jurisdictions, including veterans and families.⁷⁹

State and territory governments’ role in supporting veteran wellbeing

99. State and territory governments are responsible for various service systems including health, education and skills, housing, justice, and family and community services. While arrangements differ across jurisdictions, state and territory government services are delivered by a combination of government agencies and non-government service providers.
100. State and territory governments therefore play a critical role in supporting veterans’ wellbeing in almost all domains, with the exception of direct income support. Furthermore, eligible veterans (for instance, Gold Card holders) can also access concessions and subsidies including discounted public transport, vehicle registration, energy and property rates.

101. Most states and territories have a dedicated agency for veterans' affairs, but on a significantly smaller scale than DVA. For example, the NSW Office for Veterans Affairs has a team of 14 staff, the Victoria Office for Veterans has 15 staff, and Veterans SA has fewer than five full-time employees.⁸⁰ In comparison, DVA employs more than 3,000 people.⁸¹ Some states and territories also have advisory bodies that focus on veterans' affairs.
102. The role of state and territory veterans' agencies includes:
- funding, administering and facilitating community engagement and grants
 - organising local commemorations
 - ensuring veterans' needs are considered by mainstream service providers
 - developing targeted programs (in some cases).
103. Former Victorian Premier the Hon Daniel Andrews AC described the role of the Victorian Veterans Council as a way to:
- validate and honour and pay respect to the service that our veterans have offered, the sacrifices they have made, not ever forgetting their families as well, and it means that things don't get forgotten. It means that things don't slip off the priority list.⁸²
104. Some states and territories including New South Wales, Western Australia, South Australia and the Northern Territory have developed veterans' strategies across a range of wellbeing domains, and all jurisdictions have some form of dedicated veterans' assistance as well as veteran-oriented programs. Given the range and breadth of these initiatives and the fact that they are continually evolving, we have not attempted to map them. However, Annexure 24.1 at the end of this chapter outlines some recent commitments and actions across each of the wellbeing domains.
105. Assistance from state and territory governments includes dedicated support for veterans seeking to further their education and skills and find a job. For example, in NSW, the 'Ranks to Recognition' program provides a wraparound service that includes 'careers advice, skills assessment, credit transfer, recognition of prior learning and training gap analysis to help identify the skills and knowledge acquired in the ADF, and the pathway to civilian qualifications'.⁸³
106. There are also a range of programs supporting veteran employment in the public and private sectors. For example, the Victorian Public Sector Veteran Employment Strategy started in 2017 with a target to employ 1,500 veterans by June 2025. This target was achieved in April 2024 and has been increased to 1,800 by June 2025. The strategy offers employment workshops, mentoring and networking support.⁸⁴ Education, skills and employment support are discussed in Chapter 23, Transition from military to civilian life.

The role of ex-service organisations in supporting veteran wellbeing

107. Ex-service organisations (ESOs) play a critical role in supporting veterans' wellbeing. The Australian ESO sector is large and diverse, ranging from well-known national organisations such as the Returned & Services League (RSL) through to smaller organisations that serve a particular geographic community or cohort of veterans. ESOs often rely on the support of volunteers, many of whom are veterans and their family members. We acknowledge their dedication and the tremendous support they provide to the ex-serving community. It is clear that the ethos of service is a lifetime commitment for so many in the veteran community.

108. It has been clear throughout our engagement with ex-serving members that many ESOs are seen as refuges – safe places where ex-serving members feel supported and understood in a way that mainstream service providers are unable to replicate. As one veteran said:

On the first day, meeting other veterans who were experiencing the same things instantly negated any shame I felt at my personal situation. The irrational shame had been clouding my judgement and hindering my ability to make better decisions about my mental health.

Quiet, genuine, compassionate and firm mentoring by older veterans – those who had been in my situation – then gave me hope. From then on and every day since I have chosen to see myself as a warrior and not a victim.⁸⁵

109. ESOs provide a broad range of supports and services to ex-serving members and their families, including social connection, claims advocacy, health and wellbeing support, employment support, emergency and transitional housing, living assistance and commemorative activities.⁸⁶

110. The significant benefit of wellbeing supports provided by ESOs is supported by research and the literature.⁸⁷ The literature review we commissioned from Phoenix Australia noted that:

[having] strong links with a positive and supportive veteran community ha[s] the potential to enhance social connectedness, provide an opportunity for peer-to-peer support, and increase access to healthcare. Clearly, the ex-service organisations and, to a lesser extent, Open Arms, have an important role to play here.⁸⁸

111. Research by Professor Megan MacKenzie, Simons Chair in International Law and Human Security at Simon Fraser University, Canada, confirmed the importance of these benefits as protective factors against Defence suicide. Professor MacKenzie particularly highlighted 'social support, sense of meaning in life' and 'resilience' among the most significant protective factors.⁸⁹

112. ESOs rely on a mix of government funding, corporate sponsorships, membership fees, donations and community fundraising. DVA has a number of ongoing grant programs that allow ESOs to support commemorative activities and veteran wellbeing. The main grants related to supporting veteran wellbeing are:
- Building Excellence in Support and Training (BEST). This grants program supports the role of ESO compensation and wellbeing advocates (further discussed in Chapter 26, Supporting DVA claimants and clients).
 - Veteran Wellbeing Grants fund eligible ESOs to ‘undertake community-based projects and activities to support safe and accessible environments for veterans and families’ and enable ‘social connection and positive engagement to improve wellbeing’.
 - Grants In Aid ‘aims to encourage co-operation and communication between the ex-service community, ESOs and the Australian Government’ and ‘aims to encourage the advancement of the objectives of ESOs’.⁹⁰
113. In 2022–23, DVA provided approximately \$27 million in total grant funding to ESOs.⁹¹ State and territory governments also administer grants to ESOs to support a range of commemorative activities and veteran support services.
114. In June 2024, DVA told us it was ‘exploring a redesign of its grants programs, including co-design and co-funding opportunities with ESOs, to deliver grants that better support veteran needs and support a wider cohort’.⁹²

Veterans’ and Families’ Hubs

115. In 2019, the former Australian Government made an election commitment to:
- invest \$30 million in a network of six new Veterans’ Wellbeing Centres that will bring together the key services for our veterans and their families. The new Centres will integrate government and non-government support for Australians who have served in our Defence Forces with local health services community organisations, advocacy and wellbeing support. They will partner with ex-service organisations and state and territory governments across Australia.⁹³
116. The government committed to supporting centres in Townsville, Perth, Adelaide, Darwin, Nowra and Wodonga.⁹⁴ Since then, wellbeing centres were renamed ‘Veterans’ and Families’ Hubs’ and the Australian Government allocated an additional \$59.2 million in 2021–22 and 2022–23 to allow them to be developed in more locations.
117. Table 24.3 includes the locations of all hubs, with those in brackets due to be completed by mid-2026.⁹⁵ As at June 2024, eight hubs had been established, while eight new hubs were in development and a bespoke model for a state-wide hub in Tasmania was being expanded.⁹⁶

Table 24.3 Current and planned locations of Veterans' and Families' Hubs

State/territory	Veterans' and Families' Hub locations
NSW	Nowra, (Hawkesbury, Hunter, Tweed/North Coast, Queanbeyan)
Queensland	Townsville, Caboolture, (Ipswich)
Victoria	Wodonga, (Surf Coast/Geelong)
Northern Territory	Darwin
South Australia	Adelaide, (Northern Adelaide)
Western Australia	Perth, (Southwest Perth)
Tasmania	Burnie, statewide (Launceston established and expansion underway)

Source: Department of Veterans' Affairs, 'Veterans' and Families' Hubs', webpage⁹⁷

118. All hubs are operated by ESOs, with the exception of Adelaide which is operated by SA Health (the South Australian Government).⁹⁸

24.2.4 Case study: Veterans' experience of homelessness

119. As noted in section 24.1.2, homelessness is a risk factor for suicide and suicidality, and often co-occurs with challenges in other wellbeing domains, including unemployment, poor mental health and a lack of social support and connection. As support to reduce veteran homelessness is provided by all levels of government and non-government organisations – including some ESOs – homelessness services illustrate the veteran wellbeing 'ecosystem' in action.

120. We have heard firsthand from veterans about their experiences of homelessness. One ex-serving member told us about the lack of housing support in the Northern Territory:

There needs to be more accommodation for veterans so they are not homeless. The rental market is hard. I have been told I am not eligible for territory housing as the DVA allowance is higher than Centrelink. I was homeless and living for 8–9 months at a men's shelter after I discharged. There were 3 or 4 other veterans there at the time with me.⁹⁹

121. During one of our public hearings, Mr Luke Adamson, founder of Heroes on the Homefront told us:

Down here in South Australia we have quite a significant number of homeless veterans living on our streets, most caused, as touched on earlier, either from alcohol or substance abuse, domestic violence, dangerous living arrangements that forces veterans to the only way they can get out of that situation is to be living in their car ...

There is not enough support down here for veteran homelessness, especially in South Australia. It's a big problem. We have enough trouble with the general population in homeless shelters here in Adelaide, and there are simply not enough beds and not enough support to adequately supply beds to every veteran in need.¹⁰⁰

122. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) also highlighted their concerns about veterans experiencing homelessness:

The RANZCP is concerned about the prevalence of veteran homelessness. Suicide and suicidality [are] more prevalent in people experiencing homelessness than those who are not. United States research has long shown that veterans are at a high risk of homelessness (2–3 times the risk of non-veterans). More recently, it has been found that veterans are overrepresented in the homeless population of Australia.¹⁰¹

Multiple risk factors contribute to homelessness

123. Many factors increase the likelihood of someone experiencing homelessness, and these may or may not be connected to a person's status as a veteran. For example, the Productivity Commission noted that mental health issues often coincide with homelessness. In addition, a 2018 study found 'one in six homeless veterans ... identified as Indigenous', even though Indigenous Australians make up less than 2% of the ADF.¹⁰²

124. The AIHW analysis of specialist homelessness services (SHS) client data also demonstrated the impact of 'additional vulnerabilities' in other wellbeing domains that can make veterans 'more susceptible' to experiencing homelessness. In 2022–23, around two-thirds (64%) of veteran clients had at least one of the following vulnerabilities:

- a current mental health issue (53%)
- experience of domestic and family violence (23%)
- problematic drug or alcohol use (18%).¹⁰³

In comparison, 59% of the total SHS client population experienced at least one of these vulnerabilities.

125. In addition, 89% of clients were unemployed or not in the labour force.¹⁰⁴
126. Similar findings were reported by AHURI, which also found that veterans who had been discharged involuntarily were more likely to experience homelessness:

Veterans who had experienced recent homelessness (compared with veterans who had not experienced 12 month homelessness) were more likely to: be younger; have lower education levels; be single; be unemployed or underemployed; and be experiencing financial strain. In addition, veterans who had experienced homelessness were more likely to report: higher levels of psychological distress and post-traumatic stress symptoms; less contact with family and friends; lower levels of satisfaction with partner and children; engaging in risky behaviours ... smoking and use of recreational drugs; arrest or conviction for a crime; and a greater number of lifetime traumatic events.

Finally, veterans who had been homeless were more likely to have served at a lower rank in the military and for a shorter length of time; and were less likely to have discharged at their own request.

The military service risk factors associated with increased odds of becoming homeless include: post-traumatic stress disorder (PTSD) and psychological distress symptoms; higher alcohol consumption; higher anger levels; and operational deployment. Being unemployed for a period longer than three months following transition increased the likelihood of becoming homeless threefold. The factor most strongly associated with future homelessness was relationship breakdown following transition, which increased a veteran's odds of becoming homeless by seven.¹⁰⁵

127. AHURI also cited US research, including a study of homelessness among female veterans which identified military sexual assault as a risk factor.¹⁰⁶

What support is there for veterans experiencing homelessness?

128. DVA does not directly provide housing support to veterans, and it primarily relies on referring clients to state and territory services. However, DVA does have a critical role to play in addressing the risk factors associated with homelessness. These include:

- providing non-liability mental health support via the White Card and counselling through Open Arms
- providing employment support including vocational rehabilitation programs for eligible DVA clients, and targeted support during transition
- providing case management for veterans identified as being at risk of homelessness, to help them access DVA entitlements and other community-based supports.¹⁰⁷

129. In addition, the Open Arms Crisis Accommodation Program 'provides "time-out" accommodation, to alleviate a crisis situation such as a potentially conflicting domestic situation, to [support veterans to] access counselling services'.¹⁰⁸ 'Time-out' accommodation is usually provided in a hotel through initial five-day stays which can be extended based on clinical need, with an average stay of seven days. The budget for this service is capped (\$0.2m in 2020–21).¹⁰⁹

130. DVA was also responsible for the following action in the Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020–2023, which recognised the need to partner with other levels of government and mainstream providers. The action plan committed to:

[h]arness DVA's role as an influencer, connector, and funder of services to work with state and territory governments, and specialist homelessness service providers to tailor programs and services to reduce homelessness for veterans and their families.¹¹⁰

131. As noted above, state and territory governments have primary responsibility for delivering social housing and homelessness services, which are co-funded by the Australian Government through national funding agreements. Services are primarily delivered through non-government specialist homelessness service (SHS) providers, governed by service agreements with state and territory governments.

Tailored homelessness support for veterans

132. In addition to contracting SHS providers, some state and territory governments have also developed dedicated programs to address veterans' homelessness. For example, in Queensland, the Veterans' Homelessness Support Program started in March 2023 and is delivered by the Salvation Army. The program is expected to be completed in March 2025, and the Queensland Government has informed us a formal evaluation will be undertaken.¹¹¹
133. In New South Wales, a dedicated referral pathway has been established to assist ex-serving members at risk of, or experiencing, homelessness. Partnering with RSL Lifecare, the NSW Government provides a 24/7 help line that assists ex-serving members in need of crisis accommodation.¹¹² In addition, the Rent Choice Veterans program provides eligible ex-serving members with a time-limited private rental subsidy for up to 36 months and access to support services, including training and employment opportunities, to build their capacity to get by without the subsidy.¹¹³
134. ESOs also provide specialist homelessness and housing support. For example, the *Preliminary Interim Report* of the interim National Commissioner for Defence and Veteran Suicide Prevention noted:

In New South Wales, RSL LifeCare and Wesley Mission have partnered to deliver Homes for Heroes. The program assists men and women to find a safe place to stay and access support and services. Veterans may be offered transitional accommodation for 6 to 12 months, during which they can access tailored care from a Community Support Worker.

In Victoria, Vasey RSL Care delivers residential aged care and home care, and provides ex-service accommodation in independent living units. Vasey RSL Care houses 396 aged-care residents, of whom 272 are veterans or war widows (or both). Those in ex-service accommodation are younger (under 60), and close to 100% of these are veterans, war widows or dependants.¹¹⁴

135. We also heard evidence about the Andrew Russell Veteran Living (ARVL) Centre in South Australia, operated by RSL Care SA, which provides crisis accommodation and affordable housing for ex-serving members and their families. Originally launched by RSL Care SA in 2015 as a pilot program, the ARVL Centre is now well established and recognises that stable housing is an essential foundation for overall wellbeing. A partnership approach 'with a broad range of veteran-based services' provides 'wrap-around services, which ... are critical to generating positive, long-term outcomes'.¹¹⁵

136. DVA has partnered with the ARVL Centre to pilot tailored case-management support:

In 2020, DVA designed a program to support veterans in transitional and emergency accommodation, focusing on the Andrew Russell Veteran Living Centre (ARVL) in Adelaide as an incubator model in the first instance. Under the initiative, homeless veterans are supported to access services in the general community where possible.

Veterans accepted into ARVL are assigned a DVA case manager through Coordinated Client Support to help them access DVA entitlements, including Non-Liability Mental Health Care. Where necessary and with consent, veterans are referred to a specialised community nursing provider, Pop Up Community Care, to deliver nursing services, liaise with additional health providers, and support and monitor medications for mental health consumers participating in the pilot.

Through the Community and Peer Program, a peer support worker is also assigned to each veteran to provide more systemic case management to access social housing, employment and other services as required. Participants can also access additional mental health support through Open Arms as required.

... In addition, DVA's Triage and Connect works with ARVL and other homelessness support agencies to proactively reach out to identified veterans to help them access DVA entitlements, including Non-Liability Health Care for all mental health conditions. This assertive in-reach is being expanded to other homeless support providers across Australia.¹¹⁶

137. A desktop evaluation of the pilot was conducted to measure 'ARVL's effectiveness in connecting homeless veterans with services provided through or by DVA'.¹¹⁷

The evaluation was based on data from August 2020 to March 2021.

138. The data showed there were an average of eight veteran clients per month, and an average of 21 nurse visits per client over the eight-month period. Nursing services 'appeared to include management of medication, coordination of care/services (GP, dietician, neurologist), wound care, [and] attending medical appointments with clients in the role of an advocate'. The data also indicated an average of three Open Arms contacts per month, but it was 'unclear whether these were across the broader client cohort, or whether they were focused on specific clients'.¹¹⁸

139. One of the issues the evaluation identified was that:

[l]ong term care options are limited – ongoing support for those outside of DVA Gold Card and MAC [My Aged Care] eligibility is difficult – PUCC [Pop Up Community Care] continues to explore appropriate options before discharge.¹¹⁹

140. The evaluation report included positive feedback from clients, particularly in relation to the community nursing provider. However, the evaluation data did not include the number of client contacts with DVA case managers or peer support workers. A number of other 'data constraints' were identified:

- All data was collected and 'clearly curated' by ARVL, which made it difficult to ascertain whether there was any negative feedback about the program.
- Client reports did not include outcomes details, so while the evaluation could measure participation and interaction, it could not determine program effectiveness
- The data collected lacked demographic information such as age, gender and military service.¹²⁰

141. In October 2022, Ms Leonie Nowland, First Assistant Secretary of Open Arms gave evidence. Ms Nowland confirmed that the ARVL pilot was ongoing and emphasised the need to address ex-serving members' needs across multiple wellbeing domains. She said, 'it is not just about housing', and went on to say:

it is about the other supports can be brought to bear to assist veterans, specifically, but of course all people who are at risk of homelessness, in particular support in relation to mental health concerns, drug and alcohol addiction, as well as other psychosocial factors which may lead the individual to become homeless. So the purpose of that particular pilot is for us to partner with an ex-service organisation, RSL Care, to deliver those services on an assertive in-reach basis so the individuals don't have to seek that service, we have a referral pathway so that we can in-reach to that, and also to ensure that we are then linking those veterans into established organisations such as community mental health in SA, as well as other ESOs, to make their transitional accommodation as sustainable and successful as possible so that they can then go on to hopefully access longer-term social housing.¹²¹

142. The ARVL pilot program highlights the need for integrated service delivery to address ex-serving members' wellbeing, beyond their immediate housing needs. While the initial evaluation had limitations, the program demonstrated the importance of connecting ex-serving members who are not DVA clients with community-based services, many of which are provided or funded by state and territory governments.

Recent reforms to homelessness services

143. There have been several initiatives to improve homelessness services for veterans over the course of this Royal Commission, including improving the accessibility of mainstream services and increasing capital investment and grant funding for wraparound services.

Improving mainstream service providers' understanding of veterans

144. The research undertaken by AHURI found that 'veterans who are homeless or at risk of homelessness are reluctant to access support services, especially mainstream homelessness services (SHS agencies)'. Only 39% of recently transitioned veterans who reported experiencing homelessness had sought assistance from mainstream service organisations, and male veterans were less likely to access services than female veterans.¹²² AHURI noted several potential barriers.
- There is a lot of administrative work required to access some services, and veterans with multiple and complex problems such as mental illness and substance abuse disorder tend not to be able to fill in the paperwork without assistance. In interviews, Centrelink and DVA were most commonly cited as organisations that were inaccessible due to administrative requirements. The need for effective advocacy services is discussed in Chapter 26, Supporting DVA claimants and clients.
 - Some veterans did not access services because they did not believe they needed help, did not know where to seek help or did not trust the support services.¹²³
145. AHURI said that information about support services available to veterans needs to be better disseminated, and noted that the issue of a lack of trust did not apply to ESO-provided services:
- Dealing with trust perceptions is ... difficult, and it is noteworthy that interviewed veterans indicated that distrust was not an issue for veteran-specific homelessness services that were not connected to DVA (e.g. Homes for Heroes and Andrew Russell Veteran Living).¹²⁴
146. There have been some recent actions to improve mainstream SHS providers' military cultural competency and increase their connections to ESOs. DVA told us:
- Mainstream homelessness services are generally unaware of the unique nature of military service and the range of services and supports available to veterans through DVA and ex-service organisations' service systems. This can cause veterans to miss out on accessing veteran-specific services and can put undue pressure on mainstream resources to meet their needs. One of the ways this issue is being addressed is through a partnership between DVA and the Community Housing Industry Association (CHIA).
- DVA has engaged CHIA to develop a veteran-specific toolkit, training materials and industry standards to improve outcomes for veterans and their families living in community housing. The project is designed to help veterans and their families obtain and maintain community housing tenancies and improve veteran housing outcomes. The toolkit and training materials will assist housing providers working with veterans to understand unique veteran risk factors and equip providers with a better awareness of appropriate referral pathways for support. The new veteran industry standards will offer a benchmark for providers to measure their performance ...

In addition, Open Arms has also provided visibility of its Crisis Services Database for CHIA's consideration of how to increase awareness of veteran specific crisis support services with staff in Community Housing Organisations.¹²⁵

147. The toolkit was launched in February 2023 and is available from CHIA. It:

outlines risk and protective factors to veteran homelessness, service needs and available referral pathways, and how to tailor support for veterans and families. The resources also set an industry standard for providing housing services to veterans.¹²⁶

Increased capital investment and grants for specialist services

148. The 2022–23 Budget included a one-off capital investment in tailored housing and homelessness support for veterans. The Australian Government allocated \$3.6 million in capital funding over two years to 'support the planning, design and construction of the Scott Palmer Services Centre in Darwin, Northern Territory'. The Australian Government stated that:

The Centre will include a six-unit temporary accommodation facility with an office space for veterans who are experiencing homelessness or are at risk of homelessness ... [and] provide transitional housing for homeless veterans. The Council of Australian Veterans will operate the facility, providing veterans with support to find permanent housing solutions and link to services to gain civilian employment opportunities.

...

The Centre will facilitate connections with DVA and Open Arms – Veterans & Families Counselling, linking veterans to programs that address the factors that contribute to veterans experiencing homelessness. This includes addressing mental and physical health issues, family and relationship breakdowns, interactions with the criminal justice system, and civilian employment.¹²⁷

149. The Australian Government also committed \$30 million for the Veterans' Acute Housing Program in the 2024–25 Budget. DVA told us the funding will be delivered in two streams, with:

- \$24 million in capital funding to expand the availability of crisis and transitional housing under the Veterans' Acute Housing Program – Capital Works Grant
- \$6 million to fund organisations to deliver specialist support services under the Veterans' Acute Housing Program – Specialist Services Grant.

The Program will expand the availability ... of tailored acute transitional housing and programs to support veterans experiencing, or at risk of, homelessness.¹²⁸

150. ESOs and ‘veteran-aware’ community housing providers are eligible to apply for funding and grant applications were still open at the time of writing. It is positive that funding streams align with known areas of need; however, both of them are provided as a one-off grant rather than in the form of recurrent funding. Grant applications are administered by DVA and the Minister for Veterans’ Affairs is the final decision-maker for the program.
151. It is unclear to what extent, if any, state and territory governments had input into developing the grants program. The relationship between the Australian Government and state and territory governments on issues affecting veterans’ wellbeing, including housing, is further discussed in section 24.5.1.

24.3 How effective are current supports for veterans’ wellbeing?

152. In this section we look at the effectiveness of wellbeing services and supports provided by DVA that do not rely on an accepted claim for liability or compensation. We also consider veterans’ experiences navigating the broader service ‘ecosystem’ and the role of Veterans’ and Families’ Hubs.

24.3.1 DVA services and supports

153. As we have noted, DVA’s role in providing services and supports depends on whether a veteran has a successful claim under compensation and rehabilitation legislation. Recommended reforms to claims processing and other supports for claimants are discussed in Chapter 25, Entitlements and claims processing and Chapter 26, Supporting DVA claimants and clients.
154. However, DVA is also responsible for supporting veterans’ wellbeing outside of the claims process. This includes counselling support through Open Arms, discussed in Chapter 19, Open Arms, as well as a range of other wellbeing support services. These services can be classified into two categories:
- supports related to prevention, early intervention and ‘low-to-moderate intensity’ supports, including Veteran Health Checks, non-liability mental health care and rehabilitation via the time-limited ‘non-liability rehabilitation pilot’
 - supports for ‘at-risk’ veterans, including case management services.¹²⁹
155. We know that the majority of veterans who died by suicide between 2002 and 2021 were not DVA clients at the time of their death. DVA witnesses discussed with us what they consider to be the three categories of veterans who do not engage with DVA:
- those who would benefit from DVA services but do not trust DVA
 - those who would benefit from DVA services but are not aware of them or do not know how to access them
 - those who do not need DVA’s services and would not benefit from them.¹³⁰

156. DVA Secretary Ms Alison Frame accepted the proposition that ensuring veterans are aware of services and supports available from DVA and other organisations has the potential to address the risk of suicide and suicidality.¹³¹ DVA witnesses confirmed that DVA has not undertaken any studies to better understand why veterans do not engage with DVA or to quantify the number of veterans who fall into the categories listed above.¹³² However, Ms Frame noted that Census data provides an indicator of areas of greater density in the veteran population which could assist with targeting communication efforts.¹³³
157. In June 2024, DVA told us it is commissioning a research project ‘to explore the demographic, health and wellbeing characteristics of ex-serving ADF members who are not DVA clients’ to address this knowledge gap.¹³⁴ This is a positive, albeit overdue, development. It would be beneficial for this research to also focus on why veterans who would benefit from DVA services do not engage with them, in order to better address barriers to access.
158. Ms Frame said the DVA website is generally ‘the first reference point’ for veterans seeking information, and said that DVA works ‘very actively’ with ESOs and Commonwealth Government departments, stating:
- we’re constantly looking at those touchpoints and looking to leverage that and provide specific information on veterans and their entitlements and the support services available to them wherever we can identify those.¹³⁵
159. However, she was unaware whether DVA had tried to measure how effective these efforts had been in increasing veterans’ awareness or engagement with DVA.¹³⁶ Ms Alison McLaren, Deputy Secretary of Veteran, Family and Stakeholder Experience, noted that the ‘DVA Contact’ webpage was not DVA’s ‘finest work’.¹³⁷
160. Mr Alexander Caroly, acting First Assistant Secretary of Claims Process Improvement Division, also told us that there was a chatbot but that ‘it doesn’t have a significant level of functionality to it and it could be improved’.¹³⁸ Since then, DVA has told us the ‘website is currently being redesigned and the priority is to improve the client experience’.¹³⁹
161. Ms Frame noted the evaluation of two Veterans’ and Families’ Hub sites (discussed further in sections 24.3.1 and 24.5.1), saying it:
- specifically incorporates attempts to connect with veterans and families who live in the catchment area for those hubs who have not used the services ... to ask those veterans and families who haven’t connected with the hub at all what might be of benefit to them, if there was anything that could be provided in a hub that would be of benefit to them, or was it helpful to know what it provided, for future reference.¹⁴⁰

162. Ms McLaren suggested this evaluation may provide some lessons on why veterans do not engage with DVA.¹⁴¹ This may be the case, but we note that the focus of the evaluation is on two specific Hubs rather than on DVA more broadly. Overall, Ms Frame acknowledged that attempts to understand why veterans have not engaged with DVA is 'still incomplete and it's still very nascent'.¹⁴²
163. We don't have data on why the majority of veterans who died by suicide were not DVA clients. However, we do know, tragically, that veterans who needed support did not receive the help they needed when they needed it. This requires us to examine the effectiveness of supports and services for veterans' wellbeing beyond the DVA claims process and determine what needs to change to ensure veterans receive the right support at the right time.

Lack of awareness and take-up of physical and mental health entitlements

164. In April 2022, the former Secretary of DVA, Elizabeth Cosson AM CSC, told us:

I think there is certainly more DVA could do in [the health] system to ensure veterans are accessing the support and services which they are eligible to receive. At the moment a lot of veterans and families are not aware of what supports and services they can receive.¹⁴³

165. Submissions from ex-serving members have also demonstrated their lack of awareness of entitlements and the negative consequences of that. One wrote:

Veterans aren't made aware of entitlements until they become undone. After that, there are delays and obstacles. The process is discouraging which leads veterans to walk away as it's too hard to deal with.¹⁴⁴

166. Another wrote:

All the years I lived in pain and poverty because I was never informed what I was entitled to and how to go about [accessing] it.¹⁴⁵

167. DVA provides two types of free health checks that can be accessed through a GP and do not require the ex-serving member to lodge a claim.

- All ex-serving members can access a one-off Veterans' Health Check.
- All ex-serving members who separated from service after 1 July 2019 can access an annual Veterans' Health Check for up to five years after separating.¹⁴⁶

168. DVA has also designed a Veteran Health Check Assessment Tool to help GPs check for health conditions commonly experienced by veterans. The tool helps with screening for alcohol and substance use, PTSD and psychological distress.¹⁴⁷

169. DVA described the benefits of the annual Veterans Health Check:

Transitioning members accessing an AVHC [Annual Veterans Health Check] allows for early engagement between a veteran and a doctor which may enable the veteran to act on any health issues early and assist them to stay well when they move into civilian life.¹⁴⁸

170. We asked DVA to provide data on the number of health checks that have been undertaken. DVA told us it cannot provide data on the uptake of the 'one-off' health check as the same Medicare Benefits Scheme item number was used for various GP health assessments. However, DVA was able to provide the number of annual health checks conducted since July 2019.

- nine in 2019.
- 109 in 2020
- 205 in 2021
- 506 in 2022
- 744 to 30 September 2023.

Ninety veterans had received more than one annual Veteran Health Check between 2019 and 30 September 2023.¹⁴⁹

171. While the take-up of annual health checks has been slowly increasing, it still remains low five years after it was introduced. A total of 1573 annual health checks had been conducted between July 2019 and September 2023, an average of around 400 per year. For comparison, between 5,500 and 6,500 members transition out of full-time ADF service each year.¹⁵⁰

172. In addition to GP health checks, DVA funds non-liability health care through the White Card, with no requirement to have submitted a claim or proven a connection between mental health symptoms and service. Under this program, DVA pays for all mental health costs, including GPs, psychiatrists, psychologists, medication, hospital treatment and community-based treatment programs, as well as drug and alcohol treatment programs recognised by DVA.¹⁵¹ Eligibility for non-liability health care and the range of mental health conditions it covers was progressively expanded between 1995 and 2018.

- From 1995, non-liability treatment for PTSD was made available for members with certain operational service.
- From 2004, coverage was extended to include anxiety and depression.
- From 2014, eligibility was expanded to include serving and ex-serving members with peacetime service only (previously limited to those who had deployed overseas) and coverage was extended to alcohol misuse and substance misuse.
- From 2016, eligibility was expanded to all serving and ex-serving members with at least one day of continuous full-time service.

- From 2017, coverage expanded to all mental health conditions.
- From 2018, eligibility expanded to reservists who had served in disaster relief or suffered a serious training injury.¹⁵²

173. However, reports have found that many veterans are unaware of their entitlements. For example, in 2017, the National Mental Health Commission found a general lack of awareness of available services and supports for veterans, including non-liability mental health care. It said:

it appears that the ADF and DVA may be well served by better communication regarding the range of services available and the efforts being made by the ADF and DVA to address the incidence of and risk factors for suicide and self-harm amongst serving and ex-serving populations ...

Overall, the Review heard that the provision of services under the White Card for the range of mental health conditions specified has been well received but that many people were not aware of it. There would be benefit in wider promotion of the availability of this option.¹⁵³

174. In 2018, a Phoenix Australia report found that ‘veterans consistently reported affordability as a barrier to seeking treatment for mental health concerns and were unaware of their eligibility to receive free “non-liability” treatment for these conditions’.¹⁵⁴

175. In 2019, the Transition and Wellbeing Research Programme Key Findings Report found that:

- many serving and ex-serving members reported subsyndromal levels of mental health symptoms (indicating a greater risk of being diagnosed with a mental health condition in the future) and should be targeted for early intervention
- there was an under-engagement with evidence-based treatment for those with a current disorder.¹⁵⁵

176. In 2022, the University of Newcastle assisted DVA to conduct a horizon scan ‘to examine trends, threats and opportunities for the Mental Health and Wellbeing Services Division ... and to inform the design of a future model of service delivery for the Division’.¹⁵⁶ The horizon scan went beyond non-liability mental health care, and examined the provision of mental health and wellbeing services more broadly.

177. As part of the horizon scan, ‘deep dive’ workshops were conducted with mental health experts and academics, mental health and wellbeing professionals, and lived-experience representatives.¹⁵⁷ The report stated that:

While many [workshop participants] recognised the existence of beneficial services and supports within the DVA, they noted that veterans and families (i) tend to lack knowledge of these services and how to access them, and (ii) experience difficulties obtaining referrals and navigating between services.¹⁵⁸

178. The importance of prevention and early intervention for physical and mental health issues cannot be overstated. Research highlights how important it is for veterans to have ‘overall ... health and wellbeing to minimise the risk of mental health problems developing’.¹⁵⁹ We have also heard from veterans themselves that it can literally be the difference between life and death:

In 2018 I found out about the non-liability healthcare (NLHC) offered by the Department of Veterans’ Affairs. At the time I wanted to see a psychologist, was unaware that Open Arms would have seen me, and was terrified of the cost because I was only working casually. The approval for my NLHC was very fast and I was fortunate to find a psychologist who would accept the DVA White Card. **I believe that this literally saved my life.**¹⁶⁰

179. As discussed in detail in Part 5, Health care for serving and ex-serving members, there are a range of barriers to veterans accessing physical and mental health care, including the level and timeliness of DVA payments to care providers and general workforce shortages. However, veterans not knowing what services are available at no cost to them also clearly contributes to them not accessing what they are entitled to, particularly mental health care.

DVA’s ‘Non-Liability Rehabilitation’ pilot has been unsuccessful

180. Between January 2022 and December 2023, DVA implemented a two-year pilot program that offered ‘non-liability vocational and psychosocial rehabilitation services’. Eligibility for the program did not require the veteran to have lodged a liability or compensation claim. As discussed in Chapter 26, Supporting DVA claimants and clients, outside of the pilot program, veterans need to have an accepted liability claim for a service-related condition before being eligible for rehabilitation support (with some limited exceptions).

181. DVA told us the pilot was undertaken to:

provide eligible veterans with timely access to the support they need, which steers the focus away from liability and compensation towards awareness of – and early engagement with – rehabilitation.¹⁶¹

182. The objectives of the pilot were to:

- help veterans who have not made a claim for liability or compensation to access the rehabilitation support they need
- raise awareness of the benefits of engaging early with rehabilitation programs, and encourage veterans to participate voluntarily
- provide a needs-based approach to goal setting and identifying activities
- build on existing arrangements for identifying rehabilitation needs and assessing capacity
- trial the streamlined planning and delivery of support services

- monitor and support veterans' progress with rehabilitation activities
 - compare veterans' expectations of and outcomes from rehabilitation services when they are uncoupled from liability and compensation claims.¹⁶²
183. The pilot program allocated a rehabilitation consultant to participating veterans to develop a three to six-month rehabilitation plan, which may have included:
- social wellbeing and community connection services, such as playing sport, taking up a hobby, weight loss programs, relaxation techniques or gaining confidence in public settings
 - employment support, including resume writing, interview skills, and assistance adjusting to the civilian workplace
 - assistance navigating the medical system, for example, support with obtaining a Medicare card and accessing a GP.¹⁶³
184. The pilot recognised that veterans who may not be eligible for – or who may not wish to lodge – a liability or compensation claim may still require wellbeing support. It aimed to facilitate veterans' engagement with beneficial activities and supportive networks before they reached a crisis point. We agree that this type of support is missing from the current suite of services offered by DVA but is clearly needed, given the number of veterans who needed support but were not DVA clients prior to their death by suicide.
185. Unfortunately, the pilot was largely unsuccessful on a number of measures, in part because the number of participants was too low to glean much in the way of valid data, but also because the data that was obtained reflected poorly on the program. There had been no consultation with veterans prior to or during the pilot.¹⁶⁴
186. On the first matter, a review conducted mid-way through the pilot in October 2022 found that participation rates were 'very low' and 'underperforming' based on DVA's expectations. The review found that only nine clients were participating, compared to the expected 100 clients.
187. The review flagged DVA's administrative processes and communication style as possible contributors to the very low client numbers.¹⁶⁵ First, while a communication strategy had been developed to support the pilot, its 'myth-busting phase' and the 'DVA TV product' had not been delivered.¹⁶⁶ Second, the review considered that language used in the pilot may have affected participation rates, stating that:

The key question here is whether the language used in this program effectively communicates the purpose and content of the program. The name and language used in the program, 'Non-Liability Rehabilitation', has been identified as a possible contributing factor to the low participation. A comment posted in response to a social media promotion for NLR [Non-Liability Rehabilitation] summarises this perspective. It reads:

‘What’s with the name? It’s terrible. No matter how good the program is I can’t see many people wanting to join in with a name like that. **I think you’ve only had DVA’s perspective in mind when naming this program ... Try thinking from the participants’ perspectives.**’

Additionally, ‘rehabilitation’ can be misinterpreted [to mean] ... medical treatment or medical rehabilitation. There was a previous plan to rename the program to ‘Refresh’, however there was insufficient time to seek ministerial/executive approval on the name change. There had also been some misunderstanding from audiences as there was a perception that this was an alternative to BAU [business as usual] rehab programs. Delivery of the ‘myth-busting’ phase may have minimised the risk of this misunderstanding.¹⁶⁷

188. Only 3% of people who initially expressed interest in the pilot program ended up participating, and eight of the nine who ended up taking part had been referred to the program (rather than participating in it based on their own interest and initiative).¹⁶⁸ The review surmised that the very low conversion rate was due to an onerous application process and/or that veterans did not want to participate once they found out more about it:

The low response rate to NLR information and questionnaires sent to the veterans may indicate that once they learnt more about the pilot they did not feel it was suitable for them and chose not to proceed.

Alternatively, the process to participate (i.e. completing a form) may be a deterrent. Friction in the application process may contribute to loss of interest before a potential client is accepted into NLR...only 13 (4%) of the original 262 enquiries converted to responses to the eligibility form returned to DVA. **Of 171 forms sent to veterans, only 7.5% responded.** The low conversion of enquiries to participation may indicate that the NLR process itself may be a barrier which is negatively impacting ongoing interest in the program.¹⁶⁹

189. On the second matter, metrics were poor even for the small number of clients accepted into the program. The review found that rehabilitation providers were not meeting timeliness KPIs, with some KPIs being met in fewer than 30% of cases.¹⁷⁰
190. While DVA has committed to evaluating the pilot following its completion, the mid-pilot review noted that any evaluation of its effectiveness and merits would be undermined by the small number of clients.¹⁷¹
191. We asked DVA to describe what consultation, if any, they did with veterans before developing the pilot or during its implementation. In response, DVA told us that ‘no consultations with veterans have been undertaken’, but said that veterans’ feedback was due to be included in the evaluation of the pilot.¹⁷²
192. Concerningly, similar issues were identified in a previous pilot, the Accelerated Access to Rehabilitation Pilot Program. DVA told us that the lessons learned from that pilot informed the most recent one; however, the previous pilot also had much lower than

expected client uptake and closed ‘without having gained sufficient participant numbers to enable a formal evaluation’. DVA has no record of any veteran consultation that was done in relation to that pilot either.¹⁷³

DVA’s Mental Health and Wellbeing Services Division

193. DVA’s Mental Health and Wellbeing Services Division was described as ‘the gateway for veterans and eligible family members to access services, including mental health treatment and counselling support, to improve wellbeing outcomes and quality of life’.¹⁷⁴ The division was formed in 2021 ‘to consolidate, integrate and streamline service delivery, wraparound support, referral, resource management, and governance for DVA’s mental health and wellbeing support services and suicide prevention efforts’.¹⁷⁵
194. DVA’s Mental Health and Wellbeing Services Division comprises several branches and directorates including:
- Open Arms, its ‘accredited mental health service providing specialised, military-aware, community based mental health services’ (discussed in detail in Chapter 19, Open Arms)¹⁷⁶
 - Client Coordination and Support, which provides ‘targeted support and a primary point of contact for complex, high need and at-risk ex-serving veteran and family clients via specialist direct intervention including clinical coordination, case management, service coordination, and transition support’¹⁷⁷
 - Mental and Social Health Programs, which is responsible for ‘leading and managing mental and social health programs and products that provide services and support to veterans and their families, and assisting mental health providers to provide best practice, evidence-informed care’¹⁷⁸
 - The Business Operations Directorate, which is responsible for ‘divisional business support services including executive coordination and change management, governance, procurement, resource management, and workforce coordination and development’.¹⁷⁹
195. DVA commissioned a ‘Service Review’ of the division and its final report was delivered in June 2023. While DVA is to be commended on seeking to improve its service delivery, the results of the review were telling, highlighting significant capability gaps in customer service design and delivery.

Capability in service design and delivery

196. The review found that current systems and processes were limited in their ability to create and measure ‘consumer and staff service experiences’. In particular, it found ‘limited understanding of service design philosophies and methodologies’ and said that services were driven by policy dictates rather than veterans’ needs. The report stated:

There was generally positive sentiment toward the concept of ‘co-design’ among ... staff [of the division]; but **limited understanding of the service design lifecycle**; the steps required before, during and after practical co-design (discovery, opportunity identification and prioritisation, solution prototyping, testing, and implementation); and the differences between service improvement, transformation and innovation ...

There were **noticeable gaps between policy and client needs. Services tend to be policy-driven rather than co-designed to meet actual needs** (as opposed to perceived needs); including policy informing service scope, eligibility, promotion, referral, navigation, and hand-offs between services.¹⁸⁰

197. The review also found that the Mental Health and Wellbeing Services Division was unable to describe accurately and consistently the services it provided, including that:

[t]he **Division did not have a single, identifiable and consistent source of truth about all the services it provides**. There was no Service Catalogue articulating the name of each public-facing service, purpose, scope, eligibility, policies, processes and supporting activities, responsibilities and enabling systems. All of this needed to be researched, clarified and documented before service experiences and needs could be effectively measured.

Division **staff faced challenges identifying the difference between client-facing services and service activities enabling delivery of services ...**

There were **inconsistencies between how staff referred to and understood services internally and consumers’ perceived understanding of the name and operation of the service/s they were receiving or seeking**. This made it difficult to research service experiences, and required significant interpretation of data and responses.¹⁸¹

198. Perhaps unsurprisingly, given these findings, the review also reported that veterans were limited in their awareness of services and found it difficult to navigate them – particularly given their already high cognitive and emotional load, which decreases capacity to engage with information that is inconsistent or unclear. In addition, the requirement to seek help by phone is misaligned with many veterans’ preference for digital access. Both of these challenges became barriers to access, with the review finding:

As consumers begin to identify the need to initiate support and take first steps, the current state suggests that **there is limited awareness and knowledge of existing support services available**. This was a pressing concern for consumers, with many suggesting the need to improve the visibility of the existing service offerings. Closely tied to this awareness of available services is the need to clarify the scope of the service itself, including eligibility requirements, and the processes involved in accessing the service ...

When a client is experiencing an already high cognitive and emotional load, navigating the complexity related to distinguishing between different service options and actions required is challenging ...

Once consumers are ready to take action and commence the service experience, **the channels available overemphasise assisted support (as opposed to self-service), and do not always align with the access preferences of many consumers**, especially those who have difficulty using certain access channels like speaking over the phone. Channel barriers can delay or entirely halt service access.¹⁸²

Programs do not support prevention and early intervention

199. The review also found that services tended to focus on veterans with acute needs or who were already in crisis, rather than on prevention and early intervention, stating that the system:

provides limited ability for early or light-touch interactions, with many services tying eligibility to acute or complex needs. Further investment in support services that reflect avenues for varying degrees of involvement in the interaction are needed. For example, early engagement with DVA as a service may be passive, as the consumer gathers the information publicly available rather than having direct interactions. From here, many consumers seek the value of group dynamics, establishing a shared connection with others to enhance social wellbeing or feel ready to engage. Enhancing the range of self-service options, alongside the normalisation of help-seeking, can better respond to the needs and readiness for mental health and wellbeing support.¹⁸³

200. In addition, veterans' feedback indicated that the current scope of services was too rigid and prescriptive, and did not meet their needs. The review said that veterans:

describe[d] the prescriptive nature of having DVA determine what qualifies as a legitimate support pathway as troublesome. Instead, **many seek greater connection between mental and physical health for their wellbeing. However, the scope of many services does not extend to allow this.**¹⁸⁴

201. In addition, the review identified little to no measurement of veterans' experience of the service and a lack of stakeholder engagement protocols, to the point where some of the planned consultations intended to inform the review had to be cancelled:

Existing **data sources for service experience measurement were either non-existent, or disconnected, poorly developed and targeted, and/or poorly utilised. Reporting is focussed toward productivity rather than service experience, and does not recognise service journeys.** Services are not evaluated and measured from the perspectives of all users simultaneously.

Policy and guidelines governing and supporting external stakeholder engagement (including creating and deploying surveys) is challenging to identify and access, fragmented and complex, and does not clearly articulate required steps and approval/ endorsement responsibilities. This led to **significant delays in service experience measurement, and necessitated the cancellation of planned qualitative interviews with consumers.**¹⁸⁵

202. Taken as a whole, the review's findings are highly concerning, and reveal significant capability gaps in service design and delivery in the DVA Mental Health and Wellbeing Services Division that was intended to be the 'gateway' for veterans who need wellbeing support.

203. Following the review, DVA Secretary Alison Frame made internal structural changes. As of 15 December 2023, Coordinated Client Support, and Mental and Social Health Programs are both part of the Program Delivery division; Communications is part of the Ministerial, Engagement and Communications division; and Open Arms has been elevated to division level.

204. A new Deputy Secretary-led group called Veteran, Family and Stakeholder Experience is intended to focus on veteran engagement. The DVA Secretary told us in July 2023:

[Veteran, Family and Stakeholder Experience] is a really key part of the change and improvement that I am leading at DVA, and reflects my view and response to feedback from veterans, families, the Department and other ESOs, a whole range of stakeholders that the Department needs to be more connected and less siloed in its delivery of services and support.

And I felt that a group at that level ... would signal the importance of that and have the clout and impact, effectively, to drive that across the whole department and ensure that we were prioritising extensive engagement, co design, collaboration with veterans and families in all our services, and that we were striving to deliver a truly seamless service to veterans and their families.¹⁸⁶

205. However, it is unclear how this capability will be improved given that DVA has confirmed that the changes did not involve the recruitment of any relevant experts into the organisation. DVA considered that widespread recruitment of specialists in customer service and co-design was not required because 'DVA largely already possessed these capabilities'.¹⁸⁷ We respectfully disagree.

206. A 'temporary business unit' called 'engagement and co-design' is part of the Veteran, Family and Stakeholder Experience Group and reports to the First Assistant Secretary for Ministerial Engagement and Communications. However, as at June 2024, the role of Assistant Secretary of Engagement and Co-Design was vacant, as was the role of First Assistant Secretary of Ministerial Engagement and Communications.¹⁸⁸

24.3.2 The broader service ecosystem

207. Beyond the services directly delivered or funded by DVA, veterans rely on mainstream services to support their wellbeing, as well as a large number of programs and services delivered by ex-service organisations (ESOs).

It is a complex system that is difficult to navigate

208. One of the most prominent features of the broader service 'ecosystem' intended to support veterans is its complexity. The sheer number of services on offer from many different providers makes them difficult to navigate, and this challenge is exacerbated for veterans experiencing PTSD and other health issues who are already dealing with a high cognitive load.
209. There are several factors that contribute to this complexity, including:
- different levels of government involvement in service delivery
 - siloed rather than integrated approaches
 - the size and diversity of the ESO sector
 - the lack of any one organisation or agency having responsibility for assisting veterans to navigate the service system as a whole.
210. The interim National Commissioner for Defence and Suicide Prevention found that fragmentation of the sector may result in veterans being unaware of support offerings or how best to make use of them.¹⁸⁹
211. DVA has acknowledged that the veteran support system is fragmented, with a lack of clarity in the community about the different services and the role of DVA, ESOs, other non-government organisations and state and territory governments. This hinders ex-serving members and their families from seeking and finding the supports they need.¹⁹⁰
212. Ms Sandi Laaksonen-Sherrin was formerly the Defence Families Advocate and head of Defence Families Australia, a ministerially appointed group that represents the families of serving members. Ms Laaksonen-Sherrin described the challenges faced by members transitioning from service to civilian life, saying:

It can be incredibly daunting to walk out of Defence and see anywhere between 3,500 and 5,000 ex-service organisations, hear hundreds of social media influencers all saying different things about different services, and a lot of them not being fully aware about the services that are available in DVA or Defence or how to access them.¹⁹¹

213. Similarly, Suicide Prevention Australia and Mental Health Australia told us:

There are at least several thousand ex-service organisations and veteran support organisations, with many other government and non-government services who offer services to veterans. This array of different services [is] disjointed, and it is difficult for people leaving Defence to know what support is available and which services are most appropriate for them to access. Navigating this disparate ecosystem is even more challenging as many people's capacity is impacted by mental ill health and stress at the time of seeking such services.¹⁹²

214. While the diversity of the ESO sector is a strength, the sheer number of organisations can make an already complex landscape even more difficult for veterans to navigate. A survey of ESOs and other service providers conducted by the Australian Catholic University received the following feedback:

There is an overwhelming number of ESOs within the veteran space.

The overwhelming maze of support makes it incredibly hard for veterans (and their families) to navigate their way through to an appropriate form of support.¹⁹³

215. The report of survey findings said:

From the view of the veteran or family member, looking for and locating the best aligned support is a clear challenge. With the many ESOs around Australia, understanding who provides what support and how to connect is a major challenge.

Furthermore, the ever-growing number of ESOs is actually hindering the ability to help as it does not provide a clear pathway to assistance.

Service navigation for veterans and their families has consistently been identified as a key issue, with veterans unable to find the services they want or need.¹⁹⁴

216. When we asked about DVA's role in helping veterans to navigate this complex system, the Secretary confirmed that DVA is more focused on engaging with ESOs 'at a system level' rather than at the level of the individual veteran. While an individual veteran seeking to navigate the system 'might contact DVA' and DVA would 'share whatever [they] knew' about ESOs, including 'which one might be best placed to assist', no particular DVA staff members are responsible for having detailed local knowledge of ESOs by category and location.¹⁹⁵

217. The 2022 horizon scan of DVA's Mental Health and Wellbeing Services Division found that:

One of the most urgent priorities identified by the horizon scan was the need to enhance service integration, coordination, and navigation to ensure a more responsive and connected system of care for veterans and families. Future service design should consider the development of a tailored pathway for service navigation across DVA and non-DVA mental health care services, to optimise mental health prevention, early intervention, and service delivery for veterans and families.¹⁹⁶

218. Government agencies and ESOs have attempted to improve online information about their services by developing websites and portals. While well-intentioned, the lack of central coordination means that the additional information potentially adds to the confusion.

- ‘Engage’, an online portal operated by the Department of Defence, is designed to connect veterans and their families with wellbeing support services across a range of wellbeing domains.¹⁹⁷
- The ‘Veterans Catalogue’, developed in 2022 by RSL Australia in partnership with veteran-owned technology provider Servulink, lists a range of wellbeing support services for veterans and their families and includes an online portal that is searchable by service type and location.¹⁹⁸
- The DVA website lists some ESOs and their contact details, and directs users to its online Advocacy Register to search for ESOs in their location.¹⁹⁹ However, neither website actually details what services are provided by the ESOs they list (with the exception of advocacy services that are listed on the Advocacy Register).
- Some state and territory governments have developed dedicated websites and portals for veterans, including Home Base SA and the Queensland Veterans’ Portal.²⁰⁰

219. While these resources have no doubt improved veterans’ ability to search for wellbeing support services close to where they live, the lack of a comprehensive single source of information means that the overall landscape remains complicated and is still potentially confusing and difficult to navigate.

Veterans’ and Families’ Hubs are a positive step, but also a missed opportunity

220. The establishment of Veterans’ and Families’ Hubs has been a positive recent development in assisting veterans to navigate and access support services. As noted at 24.2.3, as at June 2024, eight hubs had been established, eight new hubs were in development and a bespoke model for a state-wide hub in Tasmania had been developed and was being expanded. Veterans’ and Families’ Hubs are designed to:

deliver integrated support to veterans and families and offer a one-stop shop for local veteran services, including wellbeing support, advocacy, employment and housing advice, social connection and physical and mental health services.²⁰¹

221. Their purpose is to:

- improve the health and wellbeing of veterans and their families
- identify and address service delivery gaps and improve access to key health and wellbeing services for veterans and their families based on local needs
- build stronger local community connections between government and non-government agencies, health services, local businesses and community organisations
- support the delivery of coordinated and collaborative support for veterans and their families, including physical and mental health support, advocacy and social support including housing, education and training, employment and financial assistance.²⁰²

Commonwealth funding is limited to one-off capital grants

222. The 'Grant Opportunity Guidelines' for Veterans' and Families' Hubs state that:

The hubs act as a shopfront to provide simple and seamless access to services, which are tailored to local needs and opportunities. Dependent on local need, hubs could provide services to support transition, employment, homelessness, domestic violence, physical and mental health, as well as individual and community engagement. The core purpose of the Commonwealth grant funding for the hubs is to provide, or facilitate access to, support services for veterans and their families.

The hubs will operate by hosting services and support provided by Commonwealth and state and territory governments, ESOs and other organisations that can deliver and/or link veterans and their families with relevant services tailored to the local area and the needs of veterans and their families.

Hubs will provide case management services to achieve beneficial outcomes for veterans and their families. This will include coordinating access to other services that the hubs do not provide, but the veteran or their family require.²⁰³

223. It is clear that Veterans' and Families' Hubs are filling a critical gap in integrated service delivery that supports veterans' wellbeing. However, Commonwealth funding is limited to one-off capital grants, and does not fund their ongoing operation.²⁰⁴ There is no Australian Government commitment to support their longer-term operation; responsibility rests with the lead organisations who were awarded the initial funding. The Grant Opportunity Guidelines state that:

as part of the Business Case and subsequent assessment process, potential lead organisations are required to set out their capacity to deliver a sustainable service model beyond the funding available from this initiative. Each Business Case includes details of recurrent funding approach and opportunities. For example, where the lead organisation is a state-based RSL, the organisation commits to fund the operations of the Centre.²⁰⁵

224. In March 2024, the DVA Secretary confirmed that the 'current arrangement' was still that Veterans' and Families' Hubs are provided capital grants with no accompanying budgets for recurrent expenditure. Ms Frame said DVA was:

working very closely with the hubs to talk about how they move to a sustainable service offer and ... what might be able to be co-located or ... what other providers would be situated within the hub, so it's all very new and early, but we're working very actively with hub providers in that regard.²⁰⁶

225. When asked about the possibility of providing recurrent funding to support their ongoing operation, Ms Frame agreed that:

certainly could be considered on an ... as-needs basis and we would just work with the hubs. Each hub will have a different experience, different providers ... based on the needs of the local community. So I think that would be a case-by-case scenario where we would work with the providers of the hubs and ... to work in partnership about what services could be delivered and wouldn't want to replicate services that might be provided elsewhere.²⁰⁷

226. Given the critical need for Veterans' and Families' Hubs, the Australian Government's current funding model represents a short-sighted approach to supporting veterans' wellbeing. The model poses a risk to the sustainability of Veterans' and Families' Hubs and therefore to the continuity of services.

227. It is positive that DVA has begun discussing long-term funding arrangements with lead organisations. However, any changes to the current funding model will require the Australian Government to approve additional funding for ongoing operational costs.

228. We therefore recommend (in Recommendation 86) that the Australian Government develop a recurrent funding model for Veterans' and Families' Hubs to ensure their financial sustainability and ongoing operations. In particular, the funding model should ensure that the overhead operating costs of the hubs can be met (that is, separate to the cost of services delivered by various providers). The funding model should be developed in consultation with lead organisations, as we recognise that bespoke arrangements are likely to be needed.

DVA has limited visibility over hubs' operation and engagement with service providers

229. DVA convenes regular meetings with hubs' lead organisations, during which various DVA and Defence program areas and service provision teams make presentations. However, when we asked DVA about hubs' engagement with state and territory governments, ESOs and other organisations, DVA told us it 'does not have visibility of the means by which [hubs] engage with these organisations'.²⁰⁸

230. When we asked DVA about the hubs' role in providing case management services, including the model of case management they use and how hubs identify who needs this support, DVA told us it was the responsibility 'of the lead organisations'.²⁰⁹

231. Similarly, when we asked DVA how overlaps or gaps in service delivery are identified and addressed, DVA told us the role of lead organisations included 'identifying overlaps or gaps in the delivery of services provided to veterans and their families'.²¹⁰

232. DVA has informed us that it only has an administrative role in establishing hubs and is not involved in their ongoing operation, management or governance.²¹¹ The one-off nature of the grants creates an operational environment in which funding is released as milestones are met but in which there are no longer-term reporting or performance obligations.
233. In July 2022, DVA told us it had no role in monitoring and evaluating hubs' operations, and said that hubs were not subject to any associated performance criteria, KPIs or reporting obligations.²¹² DVA was unable to provide any information about the availability of certain services, demand for them or engagement with them at the established hubs. It was also unable to provide information on whether hubs were addressing wellbeing needs, including education and employment, housing, physical and mental health, social and family supports, suicide prevention, and alcohol and other drug treatment programs.²¹³
234. However, DVA had provided the hubs with a monitoring, reporting and evaluation framework aligned to the wellbeing domains to provide guidance, and was working with them to develop 'a process for gathering data and information' on performance and for evaluating service use.²¹⁴ The data template issued to hubs stated that the data fields 'provide a goal for the Hub to strive towards' and said that they were only required to provide data that was available, stating:

if your [Hub] does not currently track the number of internal and external referrals made, leave those cells blank.²¹⁵

235. In the final stages of our inquiry, DVA told us:

Hubs share high-level information with DVA about the services they provide to veterans and families, which enables DVA to understand the reach and impact of the Hubs' program. A community-focused evaluation of the Hubs is being established to better understand the impacts and benefits of the program and inform planning of future Hub services.²¹⁶

236. DVA also told us it was 'establishing a deeper partnership with the hub network, including integrating some DVA services in hubs to strengthen collaboration with the veteran community', and recognised '[the] scope to do much more'.²¹⁷ DVA has also supplied the hubs with 'large format screens to facilitate telehealth and other virtual service delivery',²¹⁸ and is piloting 'new teleconferencing/videoconferencing facilities in selected Hubs' to provide access to services including Open Arms and DVA veteran support officers, among others.²¹⁹
237. It is positive that DVA has begun working with Veterans' and Families' Hubs to better understand their operation and evaluate their impact. We recognise that decisions of consecutive Australian Governments to provide one-off capital grants instead of ongoing operational funding affect the extent to which DVA can monitor operations. However, it is clear that the hubs are a critical part of wellbeing support for veterans and the current model that puts all responsibility with lead organisations, means there are currently minimal insights that can be gained from their operations.

238. Operating models that emphasise local delivery and tailoring services to particular communities' needs are important, but they do not absolve governments of their responsibility to identify and address service gaps, and ensure that veterans who need support are actually receiving it.
239. Since Veterans' and Families' Hubs have been positioned as central to delivering integrated services to support veterans' wellbeing, including services delivered by government agencies, the Australian Government should ensure that they have sufficient funding to support their ongoing operation. This will also provide an opportunity to standardise data collection and reporting and ensure that the rich information they collect can inform ongoing service delivery improvements at all levels of government.

Recommendation 86: Ongoing funding for Veterans' and Families' Hubs

The Australian Government should develop a recurrent funding model for Veterans' and Families' Hubs to support their financial sustainability and ongoing operations. In particular, the funding model should ensure that the operating costs of hubs can be met (that is, separate from the costs associated with the services delivered by various providers). The funding model should be developed in consultation with lead organisations of Veterans' and Families' Hubs, as bespoke arrangements are likely to be needed.

Funding agreements should include standardised, de-identified data collection and reporting requirements to inform ongoing service delivery improvements and help to identify service gaps. Data should be shared with state and territory governments.

24.4 Organisational culture and trust in DVA

240. The culture of a workplace is produced and reproduced through the unique interactions between its governance practices, systems (including its policies and procedures), and its staff and clients.²²⁰ There is typically a causal relationship between the functions of an organisation and its internal culture.²²¹
241. The functions of DVA centre on the delivery of services and support for serving and ex-serving ADF members and their families. This includes facilitating access to income support, compensation and other financial entitlements, and health and other care services.
242. As outlined below, aspects of DVA's culture, processes and systems have previously been found to negatively affect the mental health and wellbeing of serving and ex-serving ADF members and their families.

243. In our interim report delivered to the Governor-General in August 2022, we recommended reforms designed to improve the processes and systems that influence how DVA operates.²²² We recommended that the government simplify and harmonise the legislative framework for veterans' compensation and rehabilitation to enable more efficient and timely claims processing within DVA, and improve consistency and fairness in compensation outcomes. We also made recommendations designed to ensure that DVA could address the backlog of unallocated claims and prevent this issue from recurring in the future. Our analysis of progress in these areas is discussed in Chapter 25, Entitlements and claims processing.
244. In this section, we examine whether systemic issues identified in previous reviews reflect the current state of DVA's organisational culture. We also explore the ongoing impact of organisational culture on the trust serving and ex-serving members and their families have in DVA.

24.4.1 Previous reviews and inquiries

245. Reviews and inquiries undertaken prior to this Royal Commission consistently highlighted that aspects of DVA's culture, processes and systems were negatively affecting the mental health and wellbeing of ex-serving ADF members.
246. For example, in 2009, an independent review identified an impersonal approach to clients, poor case management, 'ill-informed' staff and administrative problems as factors within DVA that contribute to client distress.²²³ DVA's approach to clients was raised as 'needing urgent attention' in the Australian Public Service Commission's 2013 capability review of DVA, which also found that DVA faced 'significant challenges' in building its capability and workforce to allow it to meet government and community expectations.²²⁴
247. Concerns with DVA's culture, processes and systems were repeated in 2017, when the National Mental Health Commission reported that veterans' difficulties in dealing with DVA on administrative matters could cause 'significant aggravation and distress, and potentially a worsening in severity of [their] condition'. These difficulties included 'the length of time to process applications, the complexity of the processes, the frustration of lost paperwork and the need to constantly prove claims'.²²⁵
248. Similarly, research commissioned by DVA in 2019 found that 'DVA claims processes appear to have multiple features that could, for some veterans, contribute to the onset or exacerbation of a mental health condition'.²²⁶ It found that while DVA compensation claims processes were 'unlikely to be the sole cause of psychological ill health ... the consequences may be catastrophic and include multiple reported cases of suicide and self-harm'.²²⁷ Three years later, in 2021, the interim National Commissioner for Defence and Veteran Suicide Prevention reported that 'challenges navigating DVA' contribute to increased risk of suicidality,²²⁸ and that 'the claims process can be as traumatic as the original injury'.²²⁹

Lived-experience accounts

249. The culture of an organisation is challenging to pin down and even harder to measure. While lived experience accounts did not constitute formal evidence in our inquiry, they provided insight into the difficulties ex-serving ADF members and their families have experienced in their dealings with DVA.
250. In submissions to the Royal Commission and accounts shared during private sessions, ex-serving ADF members and their families told us of practices and behaviours that they considered to be emblematic of DVA culture, and that contributed to significant mental health distress.
251. These included poor communication from DVA staff, errors and inconsistencies in claims processing, variation in the level of skill and training of the staff responsible for determining claims, and a lack of transparency in decision making.
252. An ex-serving Army member wrote of 'the bureaucratic nightmare that is the DVA', saying, 'it is a system that almost none can navigate or understand'.²³⁰ Similarly, an ex-serving Navy member said that DVA staff demonstrated 'No care. No accountability. No transparency.'²³¹
253. Another ex-serving ADF member described his experience of challenging a DVA delegate who had incorrectly applied the Guide to the Assessment of Veterans' Pensions (GARP) scale:

When speaking with the DVA representative and challenging him on the correct application of the GARP, he responded within 30 seconds stating 'I will upgrade you another 10%, are you happy with that now?'

At no stage did I request a change to the disability level, rather I simply stated DVA had not applied the rating in accordance with the standard they use.

The quick response from the DVA representative to change it highlighted that they had not applied the GARP correctly. The major problem here is the DVA representatives seemed to apply what they thought rather than applying the GARP as per legislative requirements but if challenged, applied it correctly.

How many ADF members have been incorrectly assigned a rating under the GARP scale because DVA staff have failed to apply it correctly?²³²

254. Similarly, an ex-serving Army member wrote in her submission:

I have experienced hostile communication from DVA Delegates and misinformation regarding my claims and the legislation applied. As a client, I have been ignored, disregarded, and belittled and treated with condescension over the phone which has left me in such a state of anxiety, confusion and anger that I am unable to function at times for days until I can gain a clearer mind and ask for an advocate's assistance from an ESO [ex-service organisation].²³³

255. Submissions from ex-serving ADF members commonly described an adversarial culture within DVA, where staff applied ‘an “insurance” mentality’ in their assessment of claims.²³⁴ We were told that ‘too many Defence members with genuine claims have their claims either rejected outright or they have to jump through so many hoops that the process itself defeats them’.²³⁵ As this ex-serving Navy member described:

The detailed reports that I was required to gather with diagnosis, scans and long-term prognosis were not enough for my claims to be accepted. DVA provided no assistance, feedback, or guidance with my claims. DVA were adversarial in every respect from small details in claim forms, medical wording, abstract frameworks and an indifferent if not hostile bureaucracy to manage me and my claims.²³⁶

256. Many submissions referenced ‘the common perception’ that DVA’s policy towards veterans is: ‘Deny, delay until they die’.²³⁷ For example, an ex-serving Air Force member stated that ‘DVA “fight” you on everything’,²³⁸ and an ex-serving Navy member wrote:

DVA hire lawyers and medical specialists from their allocated budget to assist them to deny veterans getting all their entitlements or by minimising their entitlements by using the 3 legislative acts against the veteran.²³⁹

257. Similarly, an ex-serving Army member wrote in his submission:

It appears that Defence and DVA have nothing more than saving money on their [agenda] and rubbing it in your face when dishing out compensation payments for injury. As a justification for someone who sacrificed their lives for their government, to be given the bare minimum in compensation shows their belief in the value of a life.²⁴⁰

258. Numerous ex-serving ADF members described being treated with suspicion and distrust, having felt ‘betrayed, judged, and belittled by DVA’,²⁴¹ ‘subjected to contemptuous treatment and discrediting of their injuries’,²⁴² and having had to go to ‘extraordinary lengths’ to prove the connections between their time in service and the injuries they sustained.²⁴³ Many said this process was retraumatising.²⁴⁴ For example, the husband of an ex-serving ADF member told us:

DVA poor quality of service is a gateway to a person’s suicidal tendency. I can see this ... from an outsider (partner) perspective looking in. [It is] the three D’s [delay, deny, die], and her feeling that DVA would rather her dead than pay her the correct entitlements.²⁴⁵

259. The wife of an ex-serving Air Force member who took his own life recounted how her husband ‘was asked to relive those awful moments’ that contributed to his service injury at a time when he knew he had terminal cancer, adding that ‘[he] said it was awful being in the headspace of impending death when he was trying so hard to live’.²⁴⁶ In reflecting on the psychological toll of her own dealings with DVA following her husband’s death, she stated:

[My husband] wrote a blank cheque up to and including the cost of his life to be in service and he did everything he was told to do. He would have done anything for Defence ... My efforts with DVA were all about getting this acknowledged. I was not asking for millions of dollars, just some recognition and some cheap public transport ...

At the peak of my dealing with DVA I felt as though I wanted to 'lift out' and not be here anymore. Instead of assisting me at my darkest hour, DVA turned the screws on my suffering which led to my suicide attempt ... these feelings are a normal response to the trauma that this system has created. I'm sick of each of us being told that we are the 'anomaly' or the 'exception to the rule'. There are too many of us anomalies. It's time for some new rules.²⁴⁷

260. A former Army member told us of his experience with DVA following his medical discharge:

My GP had diagnosed me with Clinical Depression but when I went to DVA to have it assessed I was met with, without a doubt, the most corrupt and unprofessional fight I have ever experienced up to then or since.

DVA sent me to see 'their' expert. I now know that this person was not in private practice and had not been in private practice for some time. He was employed through a firm that specialised in preparing reports for compensation insurers to dismiss psychological claims. In a meeting that lasted about 30 mins where not much was discussed, he took a few notes and appeared to already have a considerable amount of prior information written down.

As I later found, his report bore nothing in common with the little we had discussed and made the conclusion that I had no symptoms of depression and never have. This is despite being on treatment through a GP [who has] a lot of patients with depressive illnesses.²⁴⁸

261. Another ex-serving ADF member told us that a DVA representative directly contacted his psychiatrist 'and told him that I [was] making my PTSD up. This resulted in a complete breakdown of my relationship with my psychiatrist and [the loss of] any ongoing mental health support'.²⁴⁹
262. As an ex-serving Army member told us, 'There have been veterans that have committed suicide over their treatment or their claims with DVA'.²⁵⁰ A former Vietnam veteran wrote in his submission:

Why did DVA put me through all the trauma again so that I had to prove my case. Why did my claim take so long to approve when all I wanted was to be recognised for my service and be afforded the compensation that would assist? This is the time when many were suicidal and very vulnerable ... I know there are cases of veterans who have suicided while their claims were in the process of going through DVA, but because their claims were lengthy, they took their life instead.²⁵¹

263. We were told: ‘The positive outcomes of DVA care can be rewarding, but not without a great battle and a lot of casualties along the way’.²⁵² As an ex-serving ADF member stated, ‘Some veterans cannot mentally meet the challenges of extended fighting with a department which exists solely to assist them – and does no such thing’.²⁵³
264. Ex-serving ADF members told us: ‘the most horrible thing I had to endure was dealing with DVA’,²⁵⁴ and that their treatment by delegates was ‘cruel’ and demonstrated ‘a total lack of duty of care’.²⁵⁵ As one ex-serving Army member simply said: ‘Please change the way DVA supports people’.²⁵⁶

24.4.2 Current practice within DVA

265. Over the course of our inquiry, DVA has acknowledged that, for some veterans, ‘a poor experience with DVA may be a factor relevant to the onset or exacerbation of a mental health condition’.²⁵⁷ Similarly, the Secretary of DVA, Ms Alison Frame, offered an apology to ex-serving ADF members and their families who have had negative experiences with DVA, saying:

I would acknowledge [veterans’ and families’] experience and the impact on them of sub-optimal practices in the past and I would want to acknowledge that hurt and distress and apologise for that. And just indicate that going forward, we are ... committed to continuing to try and improve wherever we can. And I can’t change their prior experience, I can apologise for it, but I can’t change it. But I can certainly try and change the experience for them and for other veterans going forward.²⁵⁸

266. We acknowledge the initiatives that DVA has begun during the life of this Royal Commission, as well as its ongoing efforts to improve the performance of its functions and strengthen its focus on veteran wellbeing. For example, recent efforts to improve the administration of the claims determination system include the hiring of additional ongoing claims processing staff,²⁵⁹ changes to staff training and accreditation,²⁶⁰ expanding the conditions eligible for streamlined claims processing,²⁶¹ and a modernisation program to replace DVA’s legacy ICT systems.²⁶²
267. We also note additional measures announced in the 2024–25 Budget on 14 May 2024, including a funding commitment of \$477 million over four years to strengthen DVA’s capacity to deliver services and supports to the veteran community, and respond to recommendations in our interim report.²⁶³

Evidence submitted by DVA

268. In December 2023, DVA told the Royal Commission that our concerns with deep-rooted cultural and systemic issues largely reflected ‘historical performance’.²⁶⁴ They cited improvements to the way DVA interacts with the veteran community following the Veteran Centric Reform program initiated in 2016–17,²⁶⁵ and the review and reform of DVA processes following the death by suicide of Private Jesse Bird.²⁶⁶ Private Bird was an ex-serving Army member and Afghanistan veteran who took his own life between

25 and 27 June 2017, at the age of 32. In 2020, the Victorian Coroner concluded that failures surrounding DVA's management of Private Bird's case had contributed to his decision to end his life.²⁶⁷

269. In April 2024, DVA told us it had 'undergone substantial changes which have improved its capacity, the way it interacts with veterans and families, and in service design and delivery'.²⁶⁸ DVA stated that there is 'significant evidence before the Royal Commission of considerable improvements to DVA's culture'.²⁶⁹

270. In the following sections, we outline our analysis of this 'significant evidence' submitted by DVA in support of their claim of considerable improvements to their culture, including:

- the Australian Public Service (APS) Employee Census 2023
- an independent review by Flinders University
- DVA's client satisfaction surveys.

The APS Employee Census 2023

271. First, DVA shared the results of the APS Employee Census 2023.²⁷⁰ Of the 80% of DVA staff who responded to the census:

- 86% said they believed strongly in the purpose and objectives of DVA
- 85% felt committed to DVA's goals
- 91% advised that they are happy to 'go the extra mile' at work when required
- 92% responded that they understood how their role contributes to achieving an outcome for the Australian public
- 82% saw a direct connection between their work and DVA's wellbeing outcomes for veterans and families.²⁷¹

272. These results broadly capture employees' feelings and beliefs. However, they do not assess whether these feelings and beliefs translate into positive outcomes for veterans. They are also not sufficiently detailed. For example, while a large proportion of staff have said they believe strongly in the purpose and objectives of DVA and feel committed to its goals, it is unclear what employees believe DVA's purpose, objectives and goals to be. Similarly, there is no indication of what staff perceive 'an outcome for the Australian public' to be.

273. While the results could be taken to indicate a general sense of purpose and positive feeling, there is no indication that these feelings specifically relate or translate to staff members' interactions with veterans. There is no way of knowing, for instance, whether staff are appropriately veteran-centric, or whether they feel a greater allegiance to organisational objectives that may benefit DVA to the detriment of some veterans. These could include the strict application of DVA policies, or efforts to minimise costs

by taking a narrow approach towards determining claims. Given the lack of detail available to understand what is behind these findings, we are unable to accept the survey results as proof of improvement to DVA's organisational culture.

Independent review by Flinders University (2024)

274. DVA stated that the APS Employee Census 2023 results are consistent with the findings of an independent review by Flinders University, completed in March 2024, which concluded:

DVA does not currently have an adversarial culture with regard to its service delivery ... DVA Claims staff are highly committed and dedicated to serving the needs of Veterans and their families; they take this responsibility seriously and, overall, with empathy and compassion.²⁷²

275. This review was commissioned by DVA in response to concerns we raised about the culture and attitudes of DVA staff.²⁷³ It involved a mixed-methods approach including an online survey and in-depth qualitative interviews examining staff attitudes towards veterans and their families, attitudes towards the public service, self-efficacy, and perceptions of work practices within DVA.²⁷⁴ The majority of staff who participated had direct client contact, most of whom were located within the Client Benefits, Open Arms and Program Delivery Divisions.²⁷⁵ We note that the research methodology did not involve obtaining feedback from DVA clients on their experiences and perceptions of DVA's service delivery.
276. While it is true that the reviewers did not find evidence of an adversarial culture in DVA, they also concluded that 'a range of internal complexities' and 'structural issues' potentially impact the ability of staff 'to effectively serve Veterans and their families'.²⁷⁶ They made a qualitative finding that 'significant cultural and operational issues remain'.²⁷⁷
277. They also concluded that DVA's model of practice 'is not consistently delivering best practice to Veterans and their families'.²⁷⁸ The reviewers also noted that almost all staff who participated in the research 'expressed [the view] that if it were their family member receiving this model [of care], it would be deemed unacceptable'.²⁷⁹
278. Though DVA's culture was not deemed to be 'adversarial', the review highlighted several problematic elements related to DVA's culture and service delivery that are arguably just as significant.
- They concluded that '[s]iloed, hierarchical and fragmented communication, access and information sharing processes across the Claims pathway, combined with "over-investigation", have [the] potential to create "us and them" attitudes which can undermine trust and cohesion between roles and Divisions'.²⁸⁰
 - They found 'distinct cultural groups within DVA, with clear disparities between staff engaged in direct client contact and those who are not', extending to '[s]ignificant differences in trust' between staff in different divisions.²⁸¹

- They reported that claims staff (particularly newer staff) perceived DVA to be a 'complex and siloed, hierarchical system'.²⁸²
- Only 29.5% of staff with direct client contact were 'always' confident they knew enough about DVA policies, processes and requirements to do their job.²⁸³
- There was a statistically significant disparity in the assessment of the levels of compassion demonstrated by staff in their interactions with veterans and their families. Though 79.2% of claims staff self-identified as being 'always' compassionate, they perceived that only 57.4% of other DVA staff 'always' acted compassionately towards veterans and their families.²⁸⁴
- Some participants had 'defensive, derogatory and negative cultural perspectives' regarding their role, veterans and how to support veterans.²⁸⁵
- Both newer DVA staff and longer serving staff 'believed that there were pockets of lingering cultural perceptions that some Veterans receive more entitlements than they should'.²⁸⁶
- Longer-serving staff, in general, were found to have become 'enculturated [and] de-sensitised' and to be more likely to take 'a narrow view of their responsibilities'.²⁸⁷

279. Interview participants were found to hold 'mixed views' about DVA's service delivery model, 'ranging from those who thought it [was] a really good improvement on past practice, to those who thought it was appalling'.²⁸⁸ Interview participants said the current service delivery model was beset with '[b]ureaucracy and just too many [hoops] to jump through',²⁸⁹ and expressed the perception that 'the left hand doesn't always know what the right hand is doing'.²⁹⁰

280. Similarly, staff in roles across the claims pathway expressed 'mixed views' about recent efforts to employ more claims staff to help manage the backlog of claims, particularly in circumstances where 'the broader problem[s] of system siloes were not seen to also be addressed'.²⁹¹ Staff expressed concerns about 'the pace of this change, the support then provided to new staff, the pressure of focus on KPIs, and perceived prioritising of KPIs over providing a sound service delivery model'.²⁹² A claims staff member interviewed as part of the research was quoted as saying:

I'm disgusted in just being like a part of this process ... it's just so sad because some [veterans] just go through it for years and years and you hear stories that it used to be worse. And I know like they've hired all these people and it's still an absolute mess ... It's just awful.²⁹³

281. The reviewers acknowledged that 'DVA is actively working to improve many of its Veteran-facing processes', including a 'suite of innovations and service improvements being developed and implemented'.²⁹⁴ They said this 'bodes well for building a positive culture'.²⁹⁵

282. However, they also outlined many recommendations (listed in full in Annexure 25.2 at the end of Chapter 25, Entitlements and claims processing) to improve, including:

- the quality, format, consistency and reach of staff training, including training to ensure that ‘Claims staff are better prepared and understand, from the Veterans’ perspective, what the challenges are in seeking support from DVA and navigating the Claims process’
- support for staff, including reconsidering ‘the dominant focus on KPIs versus support to staff to do the role well’, and addressing ‘insensitive, complicated, bureaucratic language such as that which de-personalises Veterans’ experiences’ as a means of improving verbal and written communication between DVA staff and veterans
- DVA’s model of practice, including addressing deficiencies in the ‘steps, tools and components’ of the claims process, and in the gathering and application of evidence for determining claims.²⁹⁶

283. Far from demonstrating definitive evidence of improvements to DVA’s culture, this review made clear that concerns about organisational culture persist within DVA and a significant reform agenda is still required. As the reviewers stated:

our conclusion is that providing a supportive and respectful working environment, adequately resourced to provide effective training and on-the-job support, and cultivate a strong and positive DVA staff culture, will result in improved services for Veterans and their families, potentially reducing Veteran suicide and suicidality.²⁹⁷

DVA’s client satisfaction surveys

284. DVA also cited the results of recent client satisfaction surveys as evidence of improved organisational culture. As the Australian Government has acknowledged, client satisfaction is an important measure of the quality and success of DVA’s service delivery.²⁹⁸

285. DVA has conducted an annual client satisfaction survey since 2018. The survey seeks to capture clients’ perspectives on DVA’s service delivery, asking for feedback on their experiences of interacting with DVA over the preceding 12 months.²⁹⁹

286. Approximately 2,000 clients participated in the 2021–22 Client Satisfaction Survey, which identified an overall satisfaction rate among DVA clients of 71%. Though this was highlighted as a positive result by DVA, we note that this result was lower than the rating achieved in previous years. In fact, results demonstrate a consistent decline in DVA’s client satisfaction ratings since 2019, and a slight increase in dissatisfaction ratings over the same period. DVA’s client satisfaction rating fell from 84% in 2019, to 71% in 2022.³⁰⁰

287. DVA also shared data from the Client Benefits Client Satisfaction Survey, following the transition to a new survey program in 2023.³⁰¹ This survey asks clients to rate their level of satisfaction based on the service they received when they accessed their entitlements.³⁰²
288. According to data available as at July 2024, DVA achieved a 15% increase in the overall satisfaction rate for clients whose claims under the *Veterans' Entitlements Act 1986* (Cth) were finalised between April 2023 and March 2024.
- In the June 2023 quarter, 47% were satisfied.
 - In the September 2023 quarter, 54% were satisfied.
 - In the December 2023 quarter, 55% were satisfied.
 - In the March 2024 quarter, 62% were satisfied.³⁰³
289. We note, however, that a client satisfaction rating of 47% in the first quarter is a considerably low base to start from. Similarly, though a client satisfaction rating of 62% in the final quarter is an improvement from previous months, it is still lower than the rating achieved in the previous year (68% for the period 1 April 2022 to 31 March 2023).
290. Furthermore, the results achieved over 2022–23 (68%), and the available data for 2023–24, fall well below DVA's performance target measure of at least 80%, meaning that DVA has a long way to go to achieve its own target for client satisfaction.³⁰⁴

Recent submissions

291. In addition to what has been revealed through survey data and the research outlined above, we received numerous submissions from ex-serving ADF members that directly challenge the claims that 'DVA has changed' and that 'DVA is not the organisation it was 10 years ago or even three years ago when the Royal Commission commenced'.³⁰⁵
292. In the following submissions, ex-serving ADF members and their families described negative experiences and interactions with DVA as recently as 2021 through to late 2023.
293. It is apparent that ex-serving members have continued to be affected by complexity and duplication in DVA's service delivery model, lengthy delays in communication with DVA staff, and extended timeframes for the resolution of their claims. For example, in a submission dated August 2022, a former special forces member wrote:

While pain and limitation associated with [my] injuries present a daily challenge, by far the biggest hurdle with my military injuries has been the process of having these service-related injuries recognised by DVA. This was a process that began in 2009 and is still ongoing today, 13 years later. The processes surrounding claims are ... cumbersome and repetitive and lengthy; in some cases, months going into years of being transferred from area to area internally within DVA to try and decipher my entitlements and repeatedly retell my story.³⁰⁶

294. In another submission dated August 2022, an ex-serving Army member said:

[E]ach email and phone call is referred to a different staff member ... This means that quite often, a significant amount of time is wasted speaking to different people about the same things ... There is no timeframe given for resolution. This alone [has] almost driven me to my wits edge. I would love nothing more once my claims are resolved than to litigate for the pain and suffering that they have caused.³⁰⁷

295. The perception among ex-serving ADF members of an adversarial culture among DVA staff also appears to have continued through time. As an ex-serving Air Force member wrote in his submission dated August 2022: 'I have found that DVA staff's priority is to find a negative outcome. If there is any way to reject a claim, DVA staff will find it.'³⁰⁸

296. We continued to hear veterans describe their experiences dealing with DVA as 'an absolute nightmare'.³⁰⁹ In a submission dated August 2023, an ex-serving Navy member wrote:

I believe dealing with DVA causes more mental health problems than the original incidents sometimes. Every step of the way is dragged out and they continually move the time lines ... I was told incapacity [payments] would take two weeks and it was over 7 weeks. Now I'm told VEA [Veterans' Entitlements Act] payments would take 4 to 6 weeks but after 7 weeks I'm given 15 more pages of paperwork to fill out. There is no end to the delays when you're sitting at home with mental health and suicidal thoughts and no money and no clue when your pension will come. I believe DVA is responsible for a very high per cent of veteran suicides the way we veterans get treated.³¹⁰

297. Similarly, as an ex-serving ADF member wrote in his submission from July 2021:

Department of Veterans' Affairs is the number 1 contributor to veteran suicide. I am still in a very dark place and receive nothing but stuff around after stuff around from them and the arrogance and personal attacks I have received from them is outstanding.³¹¹

298. Similar experiences continued to be shared by ex-serving ADF members in submissions we received in the final days before submissions closed on 13 October 2023.

299. For example, in a submission dated October 2023, an ex-serving Army member wrote: 'I am bitter towards DVA who must celebrate the money they save by rejecting service people reasonable care for wear tear and injury caused in the name of defence'.³¹²

300. In another submission from October 2023, an ex-serving Air Force member wrote of 'the long-term impact of dealing with DVA where I felt like a criminal and not a 21-year Veteran airman'.³¹³ He stated further:

I started the claims process with DVA back in 2009 and today I am still going through the Veterans Review Board [VRB] process where DVA are 'fiddling' with my Mental Health claim (initially submitted back in 2021). This all started with the incompetence of my latest DVA Delegate where he withdrew my GOLD Card ... rejected a previously accepted Mental Health under SRCA [Safety Rehabilitation and Compensation Act] ... and rejected all mental health claims under VEA. I am currently working with my Advocate and a member from the Outreach Team of the VRB to try and resolve this in a positive outcome for myself. This, as you can imagine, has really hurt me and my family. I am struggling with life and this is only getting worse.³¹⁴

301. Similarly, an ex-serving Air Force member outlined her recent experiences dealing with DVA regarding childcare expenses approved under an acute support package (ASP). In a submission dated October 2023, she explained:

In October 2022, I contacted DVA in the hope to seek support via the Acute Support Package ... DVA failed to meet their agreement that they [had subsequently] approved on 22 May [2023], by not paying for my children's childcare expenses ...

I have sent numerous emails and made several phone calls to the Acute Support Team. I have emailed invoices, invoice breakdowns and explanation of the invoices, individual daily costs and where the errors have occurred ... This took me three full evenings of approximately 12 hours to collate the information and present it to DVA in a way that was easy to understand and obvious in where the errors were (these errors were several and extreme and included DVA missing a full fortnight of payments, short paying several days by up to \$15, and various sporadic missed payments).

Even after my submission of these reports and files, after my several attempts of explanation, my emails, my phone calls to my delegate (who is a social worker), I received nothing in return. The fees were still being billed and the debt continued to rise ...

The daycare centre was eventually told by head office that they had to pause the children's enrolments until the debt was paid. This has of course, caused a huge amount of stress for myself. With already fragile mental health and physical health, I had to juggle my psychiatric appointments, as well as [postpone] surgery for suspected bowel cancer ... I rely on my childcare and kindergarten days in order to receive the treatment and attend the appointments for my health ...

The ASP team let this get wildly out of control, ignored my emails and phone calls and requests and advice regarding the invoices ... and my cries for help ... the feedback I have gotten [from DVA] has been lacklustre, with zero sense of urgency and no action regarding payment of the account OR even a reason as to why they won't pay it (aside from 'contact your childcare centre,' alluding that it is their error – it is not) ...

DVA has shown gross negligence, and complete lack of regard for the package they offered me, (which puts them in breach of legislation ...) ...

DVA have agreed to a support package for a veteran, and then abandoned them halfway through and washed their hands of a significant debt. My children have been thrown out of their school, and I have been lumped with the (significant) owed amount. DVA are ... adding to the stress, to the anxiety and are exacerbating my physical and mental health conditions. They are obstructing me from attending my appointments and having my much-needed surgery. ASP team have shown zero regard for my financial situation, my stress and mental health, and the wellbeing of my family members – my children. We are all suffering now. I am running out of options.³¹⁵

302. The submissions we have quoted here are not exhaustive, nor are these experiences universal. We acknowledge that some ex-serving members have spoken positively of recent interactions with DVA staff. For example, in a submission dated October 2023, an ex-serving Air Force member wrote:

I found the process of dealing with the DVA at the time – 2019 – to be clunky and often unhelpful or inconsistent with the advice provided. However, since that time until now, I have noticed a very positive shift and enormous improvements in how they action and process claims, the advice and information provided and ease of access to delegates and claims officers. I have weekly contact with DVA for a variety of reasons relating to my ongoing treatment, and overall I cannot speak highly enough of them.³¹⁶

303. We caution that accounts of positive experiences and improved interactions must be weighed against the continued concern regarding DVA's organisational culture and performance.

304. For example, we heard from an ex-serving Army member and volunteer veterans' compensation advocate, who shared his experiences and observations regarding the varied behaviour and expertise among DVA staff. In a submission dated March 2023, he wrote:

I have dealt with many kind and diligent people in DVA, including claims delegates and those handling welfare, housing assistance, etc. In the claims and appeals area attitude and expertise varies greatly from caring and principles-based to officious nit-picking behaviour. You can get helpful reasons for a decision, or just a quoted factor, with no explanation as to why it applies.³¹⁷

305. Among the most recent information we received regarding DVA's handling of individual cases, was evidence from Lance Johnson OAM, an ex-serving Army member, former acting Deputy Commissioner for DVA in the Northern Territory, and now a veterans' advocate and coach who supports veterans to engage with DVA. In a statement to the Royal Commission dated January 2024, he acknowledged that 'it is now easier for veterans to submit their own claims and to go through the processes than [it was] a

number of years ago'.³¹⁸ He also said 'there are a lot of good people in DVA who want to support veterans' and 'DVA is in a much better position than ... when Veteran Centric Reform started'.³¹⁹ However, he also stated:

Even today, I am still coming across situations where DVA does not give the necessary priority to an obvious situation of risk. For example, at the start of September 2023, I was assisting a veteran with a claim submitted to DVA. This veteran is unemployed, and not earning an income. The veteran suffered a knee injury years ago. The injury had been accepted by DVA. The condition had changed, and we were applying for reassessment. It was the same knee, the same ligament, the same injury. But the veteran's doctor had used slightly different wording to state the condition. The DVA delegate rejected the claim. I raised as an issue that we were dealing with the same condition. I asked the delegate to take the issue to his senior. The delegate refused, and said: 'No – I am not going to do that. You need to go back to your doctor'. There was no sense testing. No element of reasonableness. This has placed my veteran in a situation where he is at risk of suicide – he could commit suicide any day given the pressure this puts him under.

This is an experience that I regularly come across when assisting my veterans. I can give plenty of examples. DVA will not apply judgment or actively consider things and advance things. Many staff members within DVA don't think and are policy driven rather than veteran-centric ...

In my experience, the automatic answer from DVA if a claim falls out of the norm is to say 'no'. Instead, DVA staff need to take the approach of drilling down and exercising some thought and judgment ... They need to be trained to ask questions, instead of rejecting claims where they could be better dealt with through more information or a better understanding.³²⁰

306. Numerous ex-serving ADF members have told our Counselling and Enquiry Support (CES) staff that their interactions with DVA have worsened since the release of our interim report in August 2022. As recently as July 2024, our CES team noted an escalation in calls from ex-serving members expressing frustration, despair and suicidal ideation in response to their recent treatment, interactions or lack of interaction with DVA.
307. DVA has told us that it 'recognises there is more to do, and the positive, veteran-centred culture and attitudes of [DVA] staff are helping continue to evolve, innovate and improve'.³²¹ However, it is apparent that systemic issues remain unresolved, and considerable issues with organisational culture persist. These continue to affect the wellbeing of serving and ex-serving ADF members and their families, and the level of institutional trust in DVA among the serving and ex-serving community.

24.4.3 Trust in DVA

308. Trust between veterans and service providers is a necessary foundation for improving health and wellbeing outcomes. The level of trust that a person feels towards an institution or agency affects their willingness to engage with the services it provides.
309. Trust is a particularly critical element when agencies are involved in suicide prevention, and it influences the prospects of early intervention. As Dr Angela Maguire, clinical psychologist and principal research fellow at the Gallipoli Medical Research Foundation, explained, people are more likely to disclose the level of distress they feel with service providers that they trust.³²² The greater the trust in the service provider, and the more they are 'appropriately engaged in terms of meeting [the veteran's] health and wellbeing needs ... the more opportunity there is to intervene'.³²³
310. Many serving and ex-serving ADF members and their families have experienced their trust being broken, in some cases, in numerous and cumulative ways.
311. Some serving and ex-serving ADF members interact for the first time with DVA after their trust in institutions has already been shattered by negative experiences during their time in service. For others, negative interactions and experiences with DVA result in or exacerbate trauma and moral injury.
312. As we discuss in Chapter 21, Moral injury, many serving and ex-serving members have experienced moral injury, including through administrative violence – the abuse of power by someone in command – and institutional betrayal – being let down by an organisation they believed would support them.
313. Professor Jonathan Shay, who coined the term 'moral injury' based on his extensive experience as a clinical psychiatrist working with veterans in the United States, has explained:
- Moral injury impair[s] and sometimes destroy[s] the capacity for trust. When social trust is destroyed, it is replaced by the settled expectation of harm, exploitation and humiliation from others.³²⁴
314. According to Professor Shay, when working with veterans who have experienced moral injury:
- First, last, and always, the question of trust is on the table, regardless of what forms of moral injury are in play. 'Why should I trust *you*?' is a question asked, both verbally and behaviourally, a thousand times in the course of clinical work with every morally injured veteran.³²⁵
315. This arguably extends to people and organisations providing services to the veteran community.

316. Negative experiences with DVA can result in existing clients disengaging with the agency. Similarly, negative perceptions can result in members of the veteran community avoiding seeking support from DVA in times of need.

317. During one of our public hearings, the Veteran Family Advocate Commissioner, Gwen Cherne, was asked whether a negative experience with DVA or other organisations can cause veterans to lose trust. She responded:

Yes, and then their experience is shared with others in the community, who then believe that the organisations that exist to provide them support are not worthy of their trust.³²⁶

318. A similar perspective was shared by Senator Jacqui Lambie when she gave evidence:

[T]here's a lot of distrust in the veteran community ... that is probably the biggest detriment to those who are serving or under the Department of Veterans' Affairs because, like I said, they're on their last legs and there's no trust left. Nobody has helped them. They've either been bastardised or DVA keeps going 'no, no, no' with their claims ...

There is very little trust with the Department of Veterans' Affairs and, hence, that's why we're all at a Royal Commission. That was one of the big things. You don't trust the Department anymore, you can see your mates are being done over, your mates are taking their own lives around you. I think that says it all. It is a small community compared to many other militaries.³²⁷

Efforts to improve trust in DVA

319. The lack of trust in DVA among serving and ex-serving ADF members was identified as a problem long before this Royal Commission. For example, in 2018, the DVA-Defence 'Transition Taskforce' recognised that:

Many members do not trust Defence, DVA and [the Commonwealth Superannuation Corporation] to act in their individual best interest. Consequently, some members delay seeking entitlements and assistance. This mistrust is based on their own experiences or perceptions in dealing with the various agencies.³²⁸

320. In 2020, the Victorian Coroner noted that 'despite the extensive reforms being undertaken' by DVA, 'it is evident that some veterans are falling through the cracks' and there remained a 'deep-seated sense of mistrust of DVA amongst ex-serving personnel'.³²⁹ Similarly, in 2021, the interim National Commissioner for Defence and Veteran Suicide Prevention reported that 'veterans have also told me that the difficulties in engaging with DVA has led to a trust deficit between veterans and DVA'.³³⁰

321. During the course of this Royal Commission, DVA identified numerous initiatives they have implemented in an attempt to rebuild the trust of serving and ex-serving ADF members and their families.

322. For example, the then acting Deputy Secretary of Policy and Programs in DVA, Ms Kate Pope, explained that veterans' lack of trust in DVA was 'one of the key drivers' behind the Veteran Centric Reform program initiated in 2016–17.³³¹ She explained:

[W]e understood that there were people who needed services from DVA but were either afraid, had heard bad news, didn't trust DVA and didn't want to engage in the process but did need help.³³²

323. The then First Assistant Secretary of the Veteran and Family Policy Division in DVA, Veronica Hancock, also acknowledged that some veterans 'are not coming to DVA because of the trust deficit'.³³³ She said DVA had explored methods of engaging the cohort indirectly, giving the example of a toolkit DVA had developed for community housing providers:

we ... ensure that the providers have information about the supports and services available for veterans, should they come across them in the course of their business, which would enable them indirectly to mention, you know, 'I see you're a veteran, there are some specific services and supports available to you'. We have given the providers a toolkit which helps them point people in the right direction.

So we are concerned about those people who are disenfranchised and disaffected and potentially needing help and support, and we're really open to trying other ways, whatever might work, of ensuring that they know what services and supports are available to them if they were to reach out.³³⁴

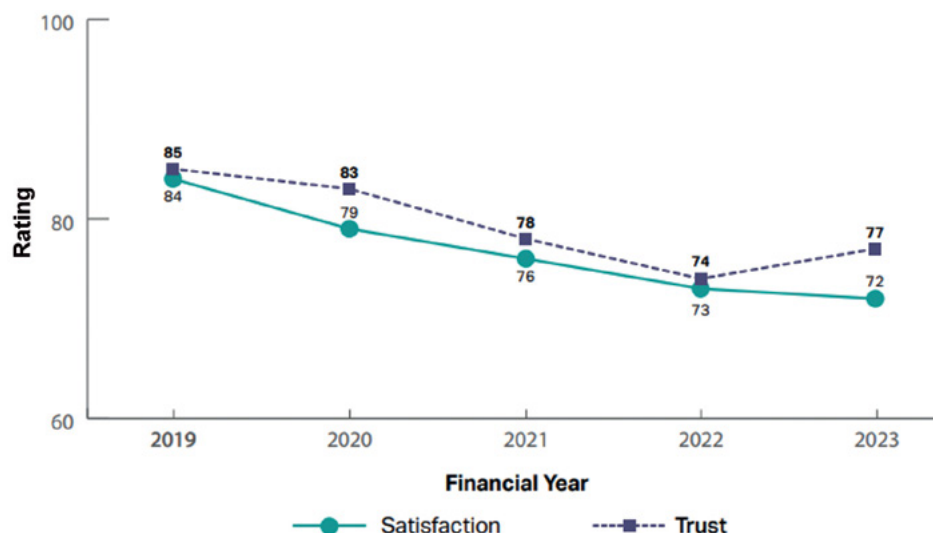
324. DVA also highlighted that direct engagement with veterans is being used as a mechanism to address a lack of trust. For example, Ms Pope explained:

We have also instituted quite a lot of direct veteran engagement where we have brought groups of veterans into the Department to help us understand all sorts of aspects of our interaction with them. For example, a group of veterans who are of an Indigenous background talking about their experiences to us, so we can better understand the journeys that they have experienced and ways we could improve services for them. Groups of people who have recently been discharged from hospital and the experiences they had and how we could help improve that for them. We have an ongoing forum with veterans' families and female veterans that explores issues from their perspectives.

And the really important part of that is that we hear their stories directly and our staff can hear ... the experiences they've had, and we've used those to improve our processes and improve the experience that veterans have when they use the Department's services. That does help to break down the trust barrier as well, because they learn a lot about the Department by participating. And the best way to get that information out is by word of mouth.³³⁵

325. Other initiatives include establishing a network of DVA employees working on ADF bases as veteran support officers, as a way of building trust in DVA while members are still serving.³³⁶ Veteran support officers partner with Joint Health Command, Defence Member and Family Support Branch and others within Defence to build relationships with serving members and help them begin the claims process prior to transition.³³⁷
326. DVA has also said it is making greater use of feedback mechanisms including surveys and online community consultation ‘town hall’ events, which update veterans on DVA programs and include a live chat that allows people to comment and ask questions.³³⁸
327. Other current and ongoing initiatives intended to build trust and community confidence in DVA include their investment in staff training. This includes:
- expanding their offerings in military cultural competency and trauma-informed practice³³⁹
 - committing to co-design processes and integrating lived experience into program and policy design and delivery
 - setting transparent service expectations and communicating them to the veteran community.³⁴⁰
328. In March 2022, the then First Assistant Secretary of the Mental Health and Wellbeing Services Division in DVA, Leanne Cameron, told us that DVA had been working to rebuild trust of serving and ex-serving members, saying:
- [mistrust from the veteran community is] something we are working hard to overcome and I have heard our Secretary say on many occasions if you have been near us five years ago, please try again, we are a different organisation.³⁴¹
329. DVA has acknowledged that ‘historically there may have been cultural and systemic issues’ that contributed to a lack of trust among clients.³⁴² However, DVA does not accept there remains a ‘trust deficit’ between the veteran community and DVA.³⁴³
330. In a voluntary submission to the Royal Commission, DVA cited the results of the Australian Public Service Commission’s ‘Survey of Trust in Australian public services’ as evidence of positive change.³⁴⁴ In 2023, DVA achieved a satisfaction rating of 72 and a trust rating of 77, a better result than other government departments received, including the National Disability Insurance Scheme (rated 66 for satisfaction and 69 for trust) and Services Australia (rated 63 for both).³⁴⁵
331. However, we note that DVA’s ratings for satisfaction and trust have steadily deteriorated since 2019, with the exception of a marginal improvement in trust ratings over 2022–23, as shown in Figure 24.5.³⁴⁶ It is too early to tell if this signals a shift in the longer-term trend.

Figure 24.5 DVA trust and satisfaction ratings



Source: Australian Public Service Commission, Trust in Australian Public Services Annual Report 2023³⁴⁷

332. We acknowledge DVA's efforts to build community confidence and trust in its service delivery. We also commend DVA on its commitment to ongoing improvement, noting that 'increasing awareness of and trust in DVA services' is identified as one of their six overarching goals to enhance the experience of veterans and their families.³⁴⁸ However, we echo the words of the Productivity Commission that 'trust is won slowly (particularly given many of the problems that historically have beset veterans' support)'.³⁴⁹

333. Veterans have experienced their trust being broken in multiple ways. As the Veteran Family Advocate Commissioner, Ms Gwen Cherne, explained:

I think there are a number of things that cause that trust deficit: a lack of investment, a lack of accountability for organisations that are providing services and supports to show the evidence that they are actually providing the services they say they are to provide and that they are meant to provide; communications – people don't know that they exist. And inconsistency in service provision. One family has an incredibly good experience and another has an absolutely terrible experience and there's everything in between.³⁵⁰

334. Efforts to rebuild trust in DVA must address and overcome real and perceived deficiencies across all these areas, as well as the considerable issues with DVA's organisational culture that have persisted over time.

335. We believe that significant reform remains necessary to overcome the veteran community's lack of trust in DVA, and to deliver consistently positive health and wellbeing outcomes for serving and ex-serving ADF members and their families.

24.5 We recommend a new agency focused on veterans' wellbeing

336. Despite recent changes and restructures, there are still significant barriers that affect DVA's engagement with the broader veteran community, outside of the claims process. These include:

- Many veterans and their families do not trust DVA, and even as service delivery improves, trust is slow and difficult to rebuild.
- Veterans lack of awareness and take-up of services they are entitled to, including health checks and non-liability health care.
- DVA's attempts to broaden its service offering beyond claims processes have been unsuccessful despite a demonstrated need for prevention and early intervention.
- There is a lack of capability within DVA to design and deliver wellbeing services that meet veterans' needs, including limited understanding and use of co-design.
- The complex, fragmented service ecosystem is difficult for veterans to navigate.

337. This combination of factors is resulting in veterans not getting early and sufficient support, despite many of them being eligible for services at little or no cost. The number of veterans who have died by suicide and who were not DVA clients clearly demonstrates the need to improve wellbeing support for those outside the legislated criteria, and address the barriers we have identified.

338. We note that this challenge is not new. DVA has been attempting to shift its focus towards wellbeing for a number of years. Systemic improvements aimed at supporting a wellbeing approach have included:

- the Early Engagement Model, through which DVA automatically receives details of all ADF members who enlisted after 1 January 2016 onwards and those who separated after 27 July 2016³⁵¹
- the Veteran-Centric Reform Program, which ran from 2017 to 2023 and aimed to connect more veterans to DVA, address data sharing limitations so DVA could 'know veterans better', and shift the focus from claims processing to whole-of-life wellbeing.³⁵²

339. DVA's 2017–18 Annual Report also acknowledged these goals and stated that:

early connection with our veterans means that we will know them personally rather than viewing just their claims or transactions. It will help us to shift our focus to the wellbeing of veterans and their families – to thinking proactively about, supporting, responding to and respecting their needs.³⁵³

340. Professor Alexander (Sandy) McFarlane, Emeritus Professor of Psychiatry at the University of Adelaide and international expert on PTSD, highlighted the need for DVA to be more ‘inquisitive’ about the veteran population, stating:

The reason why [DVA’s lack of curiosity] is an absolutely critical issue is that when [it] talks about the care they provide to veterans, they are actually missing a significant number of people who should be funded by them but are not funded by them. I have struggled as to why DVA hasn’t attempted to be more inquisitive about what are the barriers to the care of those people who are not using veteran services. I think it is a complex reason. I think it is a deeply troubling one because essentially if we have a system that is set up to deal with veterans and the cost of their military service, those services should be meeting those people and their needs.³⁵⁴

341. Despite the logic of Professor McFarlane’s view, however, DVA has said it ‘does not use specific methods to understand the experiences of veterans who have not initiated engagement with DVA and are not DVA clients’.³⁵⁵
342. In April 2022, former DVA Secretary Elizabeth Cosson confirmed that, apart from the Early Engagement Model by which veteran support officers from DVA connect with members on ADF bases, DVA had a ‘reactive’ model that relied on veterans coming forward.³⁵⁶ As discussed in section 24.3.2, recent commitments to evaluate some Veterans’ and Families’ Hubs and better understand the demographics of veterans who are not DVA clients may provide some insights.³⁵⁷ However, neither of these projects have the specific objective of understanding why veterans do not engage with DVA.
343. In December 2023, DVA acknowledged that its veteran support system primarily rests on DVA accepting liability for a medical condition before supporting treatment and rehabilitation. They said ‘this remains a feature of the system’, while acknowledging some limited exceptions. DVA also acknowledged that ‘in this way, the current system focuses on injury and illness rather than wellbeing’.³⁵⁸
344. DVA has made a number of recent commitments in the Draft Defence and Veterans Mental Health and Wellbeing Strategy. They emphasise the urgent need to ‘enhance service integration, coordination, and navigation to ensure a more responsive and connected system of care for veterans and families’.³⁵⁹ The Draft Strategy includes the following commitments:

Invest in early interventions and health promotion:

DVA will invest in preventative programs and services for veterans and families that aim to keep individuals well, with a focus on social determinants of health and wellbeing. Prevention and early intervention is particularly relevant for newly transitioned veterans, however also includes veterans and families engaging early along other steps of their post-transition journey: for example, seeking assistance early if mental health, financial, or relationship challenges begin to arise, and working with veterans who are currently well to enhance their resilience, self-agency, and self-advocacy.³⁶⁰

Facilitate access to quality care and support:

Tailored support: Quality care will mean different things to different people, and not every individual will want formal support. DVA will design, deliver and promote services that accommodate a broad range of needs, tailoring our services to the needs and preferences of different groups in accessing care; this includes veterans and families from different generations, genders, cultures ... sexualities, and localities. This includes supporting veterans within the mainstream healthcare and social services system.

Workforce: DVA will invest in capability lifts to support a workforce that can support our veterans and families. DVA will engage with practitioners who provide high quality services to ensure that care and support provided are culturally aware and available when and where the veteran community needs them. DVA also recognises the value of Lived Experience Peer Support in supporting holistic approaches to care and supporting individuals to achieve their personal definition of recovery.³⁶¹

Grow a positive and connected Defence and veteran community:

DVA will work to promote the role that DVA can play with veterans and families who are not necessarily DVA clients who require medical or income support. This includes utilising the Peer workforce to guide veterans through transition and ensure a continuity of community post-service; organising forums or events for veterans and families to maintain links with those at a similar stage of their transition journey, and continue commemorations to acknowledge service and provide veterans with an ongoing sense of pride in their service.³⁶²

345. DVA has also developed a Lived Experience Framework to support 'internal workforce capability as well as external co-design and consultation'. DVA told us it intends to 'embed' the framework across its policies, programs and services so they are 'more responsive and relevant to veterans' and families' diverse needs'; 'safer and higher quality'; and more 'accountable'.³⁶³ In addition, DVA has developed a Veteran, Family and Stakeholder Engagement Strategy designed to promote 'a structured and consistent approach to consultation across DVA'.³⁶⁴
346. These are all worthy commitments, but they follow very recent failures, missed opportunities and enduring issues.
- The 2022–23 Non-Liability Rehabilitation pilot, for example, was intended to facilitate prevention and early intervention, but was developed without any consultation with veterans and had very low uptake.
 - The 2023 review of the Mental Health and Wellbeing Services Division found it could not clearly articulate its services, and provided some services on rigid and narrow terms, primarily focused on veterans with acute needs who were already in crisis.

- The creation of the Veteran, Family and Stakeholder Experience Group in 2023 was intended to ensure that DVA was 'prioritising extensive engagement, co-design [and] collaboration with veterans and families', but did not involve the recruitment of any relevant experts into DVA.
- Trust in DVA from the veteran community remains low, despite its belief that the issues that caused trust to be broken are now in the past.

347. DVA has also told us:

It is vital veterans and families have confidence in the enduring departmental system that supports them. Effective governance and structure are imperative to ensuring responsibility, accountability and evaluation of success of delivery and content of programs, legislation, policy and the future direction of the Department.³⁶⁵

348. We agree. However, based on the evidence we have heard throughout this Royal Commission, we do not believe that DVA in its current form has the capability or the capacity to deliver optimal wellbeing support to the veteran community and address risks of suicide and suicidality. The scale of this task should not be underestimated. It cannot be delivered within DVA's existing resources, nor within its current skillset.

349. While not all veterans need support after they separate from the ADF, many do, and are not receiving sufficient support when they need it. Currently there is no agency that is focused on proactively reaching out to veterans, especially in the two years after separation, when they are transitioning to civilian life. We therefore consider that a new executive agency focused on veterans' wellbeing is required. Strong engagement with the veteran community and a focus on prevention and early intervention will be critical to achieving this outcome.

350. While DVA has recently committed to working towards these objectives, significantly more investment from the Australian Government and a very different approach to service design and delivery are needed to ensure the objectives and principles in recent strategies and frameworks translate into practical, positive change for veterans.

24.5.1 What should be prioritised in the new agency?

351. The new agency must be shaped by the needs of the veteran community and build on the lessons learned throughout this Royal Commission. It needs to engage with veterans in ways that work for them, help them to navigate complex service systems and work with government and non-government service providers to develop a more connected and integrated ecosystem with veterans' wellbeing at the centre.

It should be by veterans, for veterans

352. Throughout this Royal Commission it has been clear that veterans want and need services delivered by people and organisations that understand their experiences of military service.

353. A report on 'Operation Compass', the only veteran-specific program delivered as part of the National Suicide Prevention Trial, emphasised the importance of connection to other veterans:

Connection with community sat at the foundation of all Operation Compass activities ... this sense of connection is the result of shared experience that forms a significant part of many veterans' identities: the unique nature of military service, in which service people know they may be called upon to give their own lives or take the lives of other human beings, binds many veterans to one another.

[As one said:] 'Our culture is important to us ... I've been out of the military for 20 years ... but I see myself as a veteran. It's interesting, culturally; it's a significant part of what we are.'

Leveraging that sense of connection was crucial to gaining trust. The fact that the project team was led by veterans and others with strong ties to the veteran community; that projects were co-designed with veterans and their families; and that Operation Compass emphasised place-based, grassroots initiatives that encouraged veterans to maintain and grow their community connections were all important factors ...

[Another participant said:] 'Veterans trust other veterans ... that's the way you break into the cohort ... It's really a personal connection, and that's where you'll not only gain the trust but also create interaction and be able to bring people in'.³⁶⁶

354. This was also emphasised in the feedback veterans gave for the 2023 review of DVA's Mental Health and Wellbeing Service Division, which reported that:

many consumers seeking help for the first time have a general preference towards speaking with someone that has a shared background or baseline knowledge of military culture. This signifies an implicit understanding of the consumer's contextual factors and accelerates the establishment of rapport.

[As one veteran put it:] 'My mental health issues relate to 32 years of Army service. Many of the concerns raised are well understood by other serving members yet have no meaning to someone that has never served. I would have liked to be able to sit down with a serving psych that has had experience in uniform as they would be in a much better position to understand the nuances of the problem'.³⁶⁷

Feedback from all of the stakeholders surveyed reinforces the benefits to consumer service experience from staff and providers understanding the cultural paradigm of military life and how this impacts on the ways in which veterans and families engage in society. From a consumer perspective, this is seen as an essential competency for those delivering support services. It accelerates rapport building and trust and leads to more appropriate or 'fit for purpose' referrals to relevant services ... Many consumers call[ed] for DVA to employ more veterans.³⁶⁸

355. While the ESO sector plays a critical role in providing support that is grounded in military-cultural competency, it should also be a core part of DVA's capability, and this is currently lacking. The Draft Defence and Veterans Mental Health and Wellbeing Strategy includes the following commitment on the inclusion of lived-experience perspectives:

DVA is currently developing a Lived Experience Framework to leverage and utilise lived experience staff in a trauma-informed and psychologically safe way. By employing veterans and family members with lived experience, DVA gains a workforce with an existing knowledge and understanding of military culture, while providing employment for veterans post-transition.³⁶⁹

356. It is positive that DVA has recognised the value of lived experience and the need to employ veterans and their family members, and has made some modest gains in this respect.³⁷⁰ However, beyond employing more veterans, it is just as important to ensure that workplace systems and organisational culture enable them to thrive. This means developing workplace protocols and practices that respect the lived experience of military service, rather than expecting veterans to just 'fit in' with the way things have always been done. Lived experience must shape and inform DVA culture.
357. It is critical that the new veterans' wellbeing agency prioritises employing people with lived experience of military service, at the level of senior leadership and frontline staff, and creates a culture that values and respects this experience.

It should take a digital-first approach

358. The review of DVA's Mental Health and Wellbeing Division found the 'overemphasis on traditional approaches to support does not accord with consumer access preferences'.³⁷¹ Feedback from veterans was clear. They wanted more information provided online in a 'self-service' model and found this helpful as they worked to overcome stigma related to seeking help. This was particularly important for veterans experiencing PTSD.

359. The review said:

Consumers describe a number of factors that have impacted their ability to seek and receive support for their mental health and wellbeing. **Many perceive a stigma related to help-seeking and have a preference towards self-servicing for their initial support needs as a result.** The current state revealed that there are different layers of 'readiness' before consumers engage in services. Namely, consumers tend to lean on informal support pathways before identifying a need for formal supports via DVA and external parties.³⁷²

360. One veteran who gave feedback to the review said that services needed to be more approachable, allowing veterans to engage in their own time and their own way without committing. For them, this meant '[providing] opportunit[ies] to clients for basic engagement without the need to register straight away'.³⁷³

361. Another told them:

There really should be a one-stop shop to access all services and this should be online, particularly as some veterans (including myself) struggle with initiating telephone enquiries due to aspects of mental illness.³⁷⁴

362. The review continued:

In reality, **stigma related to seeking support still permeates the consumer discourse, further amplified by a general distrust towards DVA**. Both factors can impede upon a consumer's willingness to reach out and utilise formal service support pathways. As such, opportunities that reflect client preferences for participation in different kinds of support services that meet them where they are in their help seeking journey should be a focus.³⁷⁵

363. Veterans repeatedly said they wanted to be able to see a list of services that allowed them to select what suited them. Another person with lived experience said there should be:

a single guide form, listing the services they provide, or assist to provide, a list [that] clearly identif[ies] states and mode of delivery would be of great benefit and allow every [veteran] to review the best suited path for themselves.³⁷⁶

364. Another veteran told the review:

I am TPI [totally and permanently incapacitated] due to PTSD and major depression. One of the ways my injury manifests itself is by way of me not being able to talk to people I don't know without seeing their face ... simply having to use the phone to obtain assistance [can] make me ill. As a metaphor, the physical equivalent would be making me walk along a path of broken glass or if I was confined to a wheelchair, demand I climb a flight of stairs without assistance if I want to access your services. The damage this can cause is usually greater than the good I would receive ... At times just the thought of mak[ing] a call can bring me to tears and there have been times when I have not been able to contact an agency for months at my own detriment ... I resist contacting DVA even when I require help.³⁷⁷

365. Another veteran said:

I have three options to contact DVA. One is I call (and not only am I required to speak to faceless people, but I have to endure the inhumane answering system). Two, I can ask for a call back which means I still have to speak to a faceless person and most likely be subject to at least part of the answering system. Three, I can contact DVA by email which due to [some] ... reason does not get replied to for at least five days ... DVA is making my life less liveable/bearable by demanding I use the phone. Having to deal with the anxiety and stress caused by DVA and other agencies is not at all conducive from the improvement of my mental health and is in fact making it worse.³⁷⁸

366. This feedback aligns with the Trust in Australian Public Services Annual Report 2023, which found that DVA's current access channels are misaligned to veterans' preferences, stating:

- 34% of veterans preferred an online access channel, and 15% of veterans used online channels to access DVA
- 37% of veterans preferred an offline access channel, and 47% of veterans used offline channels to access DVA.³⁷⁹

367. The new veterans' wellbeing agency should make sure veterans can access significantly more information online in a way that is easy to understand and allows them and their families to select the services that are right for them. This should include looking at the growing number of websites and online portals designed to help veterans find support from government agencies and ESOs, with the aim of consolidating them into a single, reliable source of truth, co-designed with veterans.

It should include co-designed and flexible wellbeing supports tailored to veterans' needs

368. The feedback from veterans on DVA's Mental Health and Wellbeing Division also highlighted the need for flexible wellbeing supports aimed at prevention and early intervention, co-designed by veterans:

Common to all services, the feedback suggests that there is a need for greater empowerment of veterans to find support that aligns to their needs. **Many express a general distaste towards the 'one size fits all' approach, and favour opportunities to nominate alternative support options.**³⁸⁰

369. One veteran told them to 'provide services fitted to each person rather than forcing individuals to fit into your service shape'.³⁸¹ Another said:

NOT ALL VETS [GO] IN THE SAME HOLE, SOME ARE ROUND, SOME ARE SQUARE, BUT YOU SEEM TO JUST BLANKET THEM AND EVERYBODY IS NOT THE SAME.³⁸²

370. Another told them:

I have been participating in a Veterans exercise program which involves attending a local swimming pool along with usually at least 10–12 other veterans. The swim is followed by a coffee at the cafe we also participate in a weekly gym exercise. These activities are run by [an] exercise physiologist and are paid for by DVA. My doctor and the physiologist have informed me that DVA are saying that this activity is no longer being covered under mental health. I have been participating in this program since Feb 2022 and my mental and physical health have improved remarkably. I now go out of my way to exercise regularly and I am now in excellent health. All of the participants regularly comment on the feeling of wellbeing we get and the camaraderie. Please keep it.³⁸³

371. This veteran said:

All the listed organisations and programs are designed to catch people when they fall. We/you need to be putting funding into veteran groups which support a physical and mental lifestyle/outlook to help prevent veterans needing these 'catch me' services, increase quality of life for members and their family and reduce veteran suicide.³⁸⁴

372. This person told the review:

We need people with an understanding and lived experience to develop new and effective tools, information, support etc. And we need to be involved in the process to be able to test it out, give feedback, adjust it so that it is truly right for veterans and their families.³⁸⁵

373. Prompt diagnosis and early intervention can have significant and life-changing consequences for a person's mental health, including:

- improved diagnosis and treatment
- more timely and targeted referrals to specialist services
- improved confidence in and engagement with primary care providers.³⁸⁶

374. In addition to the individual wellbeing benefits, there is also a clear economic argument for investing in prevention and early intervention approaches. In November 2020, the Productivity Commission estimated that the cost to Australia of mental ill health and suicide is around \$200 to \$220 billion per year, noting this is 'an imperfect attempt to measure the social and emotional costs of pain, suffering, exclusion and in some cases, premature death, that accompany mental illness'.³⁸⁷ It noted the importance of prevention and early intervention in reducing the demand for more intensive and costly health services in the longer run.

375. While the Productivity Commission was referring to the cost of mental ill health generally, its assessment is equally applicable to the veteran community. Mental ill health represents a significant cost to individual people, families and the community as a whole, from not fully having the unique and valued contribution of a significant group of people.³⁸⁸ This can and should be reduced through early intervention.

376. As we know, many veterans are not aware of the physical and mental health supports to which they are entitled, which underlines the need for deeper and broader engagement with the veteran community. This should be a core function of the new agency. In addition, feedback from veterans indicates gaps in the current suite of supports, which need to better recognise the interconnections between the wellbeing domains.

377. We are conscious that ESOs in some areas are already providing these kinds of services, but national coverage is lacking. Given the different demographics and preferences of veterans living around Australia, it is important that new modes of

prevention and early intervention wellbeing support be co-designed with veterans at the local level. This avoids duplication with existing services and ensures that new supports complement and can be integrated into the current local service ecosystem.

378. The new agency would not be expected to deliver services and supports, but should have lead responsibility in identifying service gaps and working with veterans and service providers to co-design solutions. The planned redesign of the grants funding program for ESOs provides a good opportunity to ensure there is a dedicated funding stream to support these programs.

It should engage proactively and leverage Veterans' and Families' Hubs and state and territory shopfronts

379. Veterans' and Families' Hubs represent an important recent step in supporting veteran wellbeing. However, they also have limitations. They do not have a national footprint, and require greater institutional support from government to ensure they are connected to the full range of service providers, particularly those at the state and territory level. They also rely on veterans coming to them. Veterans' and Families' Hubs should be one of the key engagement points for the new agency to assist veterans to navigate the wellbeing support ecosystem.

380. The Commonwealth has informed us that:

DVA is scoping opportunities for service delivery via state and territory shopfronts, such as Service NSW. This work will be progressed through discussions at the VMC [Veterans Ministerial Council]. In investigating the opportunity DVA wishes to ensure any expansion of service or connection is universal and consistent across the country. There is interest from States and Territories in the concept for how their shopfronts may be able to provide that connection for veterans.³⁸⁹

381. DVA Secretary Alison Frame noted this work, and reiterated that DVA's underlying principle 'would be to ensure that there's no wrong door and to increase the connection to DVA services for someone who might not be actively contemplating that but could benefit from that'.³⁹⁰
382. This is a positive development, and the new agency should be at the forefront of engaging veterans in state and territory shopfronts. This is a critical way of reaching veterans who do not trust DVA and may not have access to or want to seek support from Veterans' and Families' Hubs.
383. Proactive outreach is also critical. The research undertaken by the Australian Housing and Urban Research Institute (AHURI) into veterans' experiences of homelessness emphasised the benefits of outreach, finding that many veterans did not believe they needed help until they were in crisis. AHURI told us:

During interviews, a number of **veterans commented that they would have benefited from proactive outreach services that locate those experiencing homelessness and directly offer counselling, referral and other support services.**

Findings from interviews indicate that **veterans typically saw themselves as self-reliant and capable; able to handle the chaos and challenges of homelessness without needing the assistance of services.** As one veteran stated, 'I've just come back from a war zone ... what do I need help for?'

Interview data suggests that this reasoning is often mixed with feelings of embarrassment and shame in admitting their circumstances and seeking help. As a result, veterans frequently did not access help until a crisis occurred (such as being arrested or splitting from their partner). **Most alarmingly, a few veterans spoke about how attempting to take their own life had forced them to see that they needed help.**³⁹¹

384. The new agency should work with a broad range of service providers to find and engage veterans via outreach, instead of waiting for veterans to ask for help.

It should have prime responsibility for integrating wellbeing services and helping veterans navigate support

385. The Australian Government stated that 'all jurisdictions should play a role in developing and implementing a systematic approach to service integration' that:

- enables individuals, including veterans, to have choice and control over their care services
- meets people's expectations that their information can follow them across care services, or can be restricted as per their preference
- provides support to navigate and coordinate care systems on behalf of consumers where needed
- provides convenient and accessible digital options for consumers to navigate care themselves more easily, should they wish to.³⁹²

386. We agree that while all governments play a role in ensuring their services are accessible and provide veterans with choice and control, the Australian Government is responsible for taking the lead in supporting veterans to navigate these services. Similar challenges associated with service system complexity were identified in the National Disability Insurance Scheme (NDIS) Review, which recommended the establishment of 'navigator' roles undertaken by people who had good local knowledge and were available to all people with disability, whether or not they were eligible for the NDIS.³⁹³

387. For veterans who are vulnerable, marginalised or experiencing mental or physical health challenges, the need to navigate a complex system can cause them to turn away when they most need it. Playing a role similar to the ‘navigator’ role recommended by the NDIS review, the new agency should be responsible for identifying need, making referrals and helping veterans to navigate the service system at the individual level.
388. DVA’s existing case management services are provided by Coordinated Client Support, which helps veterans with ‘complex and multiple needs’. For veterans in this category, the new agency would act as a referral mechanism, and would not duplicate this service. While case management is also within the remit of Veterans’ and Families’ Hubs, DVA has been unable to tell us how many veterans are receiving these services or their target cohort. As a result, we have been unable to assess whether there are any overlaps with DVA’s case management services or gaps in service coverage.
389. In addition to assisting individual veterans to navigate support services, the new agency should also be responsible for ensuring that referral pathways are in place between service providers. As noted above, DVA connects Veterans’ and Families’ Hubs with Defence and DVA, but hubs are independently required to connect with state and territory agencies.
390. We heard about the challenges of doing this and gaps that exist as a consequence, from Mr John Caligari AO DSC (Lieutenant General Retd), whose views we share in Box 24.2. Mr Caligari is the former chair of Operation COMPASS, the National Suicide Prevention Trial for Veterans and Families. He also established The Oasis, which is also the lead organisation for the Townsville Veteran’ and Families’ Hub.

Box 24.2 The need for a whole-of-government approach

Since establishing The Oasis Townsville as a community centre for the entire veteran community in Townsville, I have learnt that much more could be done to prevent veterans from getting to the point of needing help, especially for issues related to mental health and suicide, if all government and non-government organisations with responsibility for the wellbeing of veterans and their families as part of their remit were empowered and led to collaborate with leadership from DVA in local areas.

No whole-of-government effect is applied to the veteran community at the local/ regional level. The issue derives from two problems – no coordinated national-level strategic oversight of veteran care and an absence of DVA representation at the regional level. I understand there are nascent efforts to form a national veterans’ wellbeing oversight panel co-chaired by DVA and Defence, with the Department of Health and Ageing and Commonwealth Superannuation Corporation included, among others, as members.

Despite some consultation and coordination with DVA at the strategic level, other Commonwealth Government department programs are executed at the regional level with little or no consideration of the impact on the veteran community. This is

particularly pronounced in areas with high veteran community density. DVA lacks a local/regional level (or what ADF members would refer to as an 'operational level') representation that can lead and support collaboration with other Commonwealth Government agencies that are represented at the local level and other government agencies and non-government organisations, in the interests of the veteran community. Consequently, there are many disparate, uncoordinated programs executed locally that could benefit veteran community members. They would be more effective if a capable organisation with authority to represent DVA in the region had been leading.

Veterans and their families most in need of support from the various government and non-government programs intended to support transition and integration into the community are not benefitting because of low uptake by the veteran community. The plethora and disjointed nature of the programs is difficult for anyone to navigate. Uncoordinated support programs result in significant resources being wasted. The mental health of the veteran community is adversely affected, resulting in increased rates of drug abuse, incarceration, homelessness and suicide.

To have an effect at the local level, DVA needs regional agencies to engage other agencies affecting the care of the veteran community. For example, the Department of Health has 31 Primary Health Networks (PHN) across Australia that assess the healthcare needs of their community and commission health services to meet those needs. Likewise, Defence has 16 ADF Transition Centres at major bases around Australia that provide services to support ADF units and members to prepare for their transition to civilian life, particularly through the application of national Defence contracted programs. There is a general expectation by other local/regional agencies in the veteran care ecosystem that DVA has the responsibility, or at least the consultation lead, for the care of veterans and their families. Yet, they find it difficult to establish appropriate consultations from the local level with the Commonwealth Government department in Canberra. DVA's Veteran Access Network (VAN) offices do not do this – they are client access points only.

An additional benefit to establishing regional hubs by DVA could be an enhancement of the collective effort of the ESO community. Of the thousands of ESOs, the majority are small and local and have unique demographics defined by service, branch/corps or theatre of operations; limited and selective functions/services; and generally, do not involve families. Most of these ESOs (of which there are several thousand) survive largely on volunteers and grants. At present, they bid directly to DVA for support. However, DVA has few mechanisms to coordinate or prioritise its efforts in regions nor a mechanism to appreciate and report on the needs, gaps and effectiveness of the ESO community by region. This initiative would fit well with the ongoing efforts of RSL Australia to establish a peak body and standards for ESOs.³⁹⁴

391. Interviews that AHURI conducted with stakeholder organisations highlighted that veterans often accessed services through informal referrals based on staff connections but that critical formal referral pathways were missing:

For example, a doctor from a repatriation hospital spoke of sometimes phoning a contact within a veteran homelessness service if she had a patient to discharge with no current home. While this is an example of industry connections working well, it was also clear from the qualitative data that a number of veterans were discharged to homelessness directly from hospital admissions, including from private psychiatric facilities where treatment was funded by DVA.³⁹⁵

392. We note that community engagement teams in Open Arms have made some inroads in establishing referral pathways in some states and territories.

- In NSW, referral pathways exist between Open Arms and housing and homelessness services, including the NSW Government Veterans Housing Project.
- In Victoria, there are established connections with the ex-serving organisation Carry On Victoria.³⁹⁶

393. The Australian Government also told us that:

Open Arms recently commenced the Enhanced Mental Health Services Access for Veterans initiative in Tasmania. The initiative seeks to address gaps in mental health services for veterans in Tasmania, including treatment programs and support for families. Open Arms is partnering with the Mental Health and Alcohol and Drug Directorate in Tasmania to include Open Arms as a service to which veterans and their families can be referred. This strengthens referrals between Open Arms/DVA and the broader mental health and community sector, including homelessness services. The initiative will provide a model for enhancing access to services in other States and Territories.³⁹⁷

394. While these are positive steps, a lot more work is needed, and on a much bigger scale, to ensure that referral pathways and integrated services support veteran wellbeing across Australia. This requires connections between Veterans' and Families' Hubs, state and territory government services, mainstream non-government service providers, ESOs, DVA and other Commonwealth agencies.

Veteran engagement needs to start before separation

395. Currently, there is limited outreach to veterans in the critical 12-month period after separation, when veterans lose many of their social and other connections to the Australian Defence Force (ADF) and are seeking to adapt to civilian life.

396. As discussed in Chapter 23, Transition from military to civilian life, some veterans will not have experienced life as an adult outside of the ADF. Many will have learned behaviours, attitudes and patterned responses during service that are adaptive and useful in that context but are not so in civilian life.

397. While the Defence Force Transition Program is designed to support transition, in reality, there is limited individualised, coordinated care management after separation. We understand that between 5,500 and 6,500 members transition out of full-time ADF service each year, yet in 2022–23, there were only 67 transition coaches and over half were contractors. While not all veterans require ongoing support from a transition coach, the current model assumes only one follow-up contact per veteran post separation. Beyond this, DVA does not reach out to veterans on a regular basis unless the veteran instigates contact with DVA directly.³⁹⁸

398. Veterans' and Families' Hubs are being positioned as a critical point of connection between veterans and support services, but they are not formally part of current transition programs. We heard that a connection has been established between the ADF Transition Centre and the Veterans' and Families' Hub in Townsville (the Oasis Veteran Wellbeing Centre); however, this is not universal and does not happen as a matter of course.

399. As Ms Angela Metschke, acting Director of Defence Member and Family Services, and Major General Wade Stothart, Head of People Capability in the ADF, said in response to a question from Commissioner Brown:

ANGELA METSCHKE: There's no formal connection between the transition centres and veteran wellbeing centres. Where they exist, our staff are well aware of the veteran wellbeing centres and the services that members may be able to access through them.³⁹⁹

COMMISSIONER BROWN: Could or should there be a connection?

MAJGEN STOTHART: I think it will grow and get stronger. My experience of visiting Townsville is that the ADF Transition Centre and the Oasis Veteran Wellbeing Centre [are] pretty well connected right now. There is some sharing of information and approaches, and we ... will look to strengthen that as appropriate, knowing that ... a lot of serving soldiers will go to the Oasis to, sort of, learn about transition more freely than they would want to do so inside the base, [at] our transition centre, and we are grateful that they are at least seeking that advice and guidance from a reputable source. The veteran wellbeing centres also give us the opportunity to refer veterans through the transition coaches to their local centre, where they can be exposed to the raft of ex-service organisations ... in the local area. So we are looking closely [at] our relationship with the wellbeing centres. We think [they are] a great opportunity for us to strengthen our connection to the ex-service organisation in an appropriate way.⁴⁰⁰

400. In March 2024 DVA Secretary Alison Frame said veteran support officers (VSOs) were working from hubs in Nowra and Perth to assist veterans separating for medical reasons with more complex initial liability claims.⁴⁰¹ Ms Frame also referred to the Joint Transition Oversight Panel established by DVA and Defence in April 2023, which has started to identify 'where a transitioning member would have touchpoints with other Australian Government departments' and is contemplating 'next steps' in 'greater state and territory collaboration'.⁴⁰²

401. DVA has also indicated it ‘needs to do more’ to improve the transition experience, providing the following ideas:

- establishing scalable transition service delivery capacity to meet predicted demand, through the co-location of Commonwealth funded wellbeing services on Defence bases and/or at community-based hubs
- offering proactive and tailored interventions for vulnerable transitioning veterans, based on risk factors and an individual’s unique circumstances – in particular, this could involve pathways that use existing frameworks and supports to provide local solutions, and which leverage ESOs and transition specialists across DVA, Defence, state and territory governments and community organisations ...
- see[ing] transition as something that can take a short time or a long time and recognise that a successful transition is a subjective experience for individual veterans and their families [where a] ... strong lived experience focus could assist in providing guidance and mentoring support.⁴⁰³

402. We agree that Veterans’ and Families’ Hubs provide a strong source of support for veterans during and after transition, create significant opportunities to embed connections with service providers and provide tailored support to those who need it. However, this capability needs to be formalised and sufficiently resourced. The new agency should take the lead in supporting veterans’ wellbeing during transition, and establishing connections with local support services, including hubs.

403. The details of the proposed model to support transition are discussed in more detail in Chapter 23, Transition from military to civilian life. Some of the key differences between the current and proposed arrangements would include:

- transition coaches engaging with veterans over a longer period of time
- the frequency of contact being influenced by the veteran’s needs
- the transition coach playing a more active role in connecting the veteran with services and supports (and following up to make sure they get what they need)
- a strengthened focus on identifying risk in relation to veteran wellbeing
- transition coaches operating within a structured, trauma-informed wellbeing program (with strong peer and professional support)
- the new agency, and transition coaches, drawing on best-practice resources including those published by the proposed new research translation centre for Defence and veteran healthcare (Recommendation 62).

24.5.2 The new veteran wellbeing agency is an opportunity for a fresh start

404. As discussed in section 24.4, many veterans do not trust or have confidence in DVA and this significantly reduces their willingness to engage with DVA, particularly outside of the claims process.
405. In March 2024, DVA senior executives did not consider that a new agency with distinct branding from DVA was needed, and believed that DVA should be responsible for rebuilding trust with veterans directly.⁴⁰⁴ However, they also recognised that the distinct branding of Open Arms did assist with overcoming distrust of DVA and enabling veterans and their families to access support.⁴⁰⁵
406. We do not doubt the sincerity of the Secretary's commitment to improving the department's engagement with veterans. However, we have also heard from thousands of ex-serving members who are deeply hurt and angered by DVA's past and current practices, and understand that this feeling is shared by many in the veteran community.
407. We do not consider DVA's promise to do better to be enough on its own. We have seen sufficient evidence that DVA does not currently have the level of lived experience nor the customer service capability to meet the veteran community's expectations and deliver a significant uplift in veteran wellbeing.
408. A new executive agency with distinctive branding is needed to focus on veteran wellbeing. The agency should be led by a CEO, reporting directly to the Secretary of DVA.

Functions of the new veteran wellbeing agency

409. The precise functions of the new agency should be co-designed by veterans and in consultation with service providers across the veteran wellbeing ecosystem. There are at least four key functions.
- Transition: The new agency should play a key role in transition programs for veterans, building relationships and encouraging veterans to access early interventions and supports by:
 - transition coaches working within the new agency, checking in with veterans to understand their experience of transition, how they are adjusting to civilian life, whether they need support in any area, and helping them access the appropriate services.
 - System navigation and connection to wellbeing supports: The new agency should help veterans to navigate the wellbeing ecosystem by:
 - providing clear information online about available services
 - working in partnership with Veterans' and Families' Hubs and expanding engagement with veterans through state and territory shopfronts.

- Improving referral pathways and service integration: The new agency should act as the relationship manager between hubs, DVA, Australian and state and territory government agencies, and non-government providers to ensure that referral pathways are in place and services are integrated to the greatest extent possible (including advising DVA and state and territory governments on service gaps).
 - Co-designing wellbeing supports: The new agency should work with veterans and service providers to co-design new prevention and early intervention wellbeing programs and services at the local level.
410. The executive orders establishing the new agency should grant it enough flexibility to undertake other tasks as the Minister for Veterans' Affairs may require from time to time. This is consistent with other executive orders – for example, the Executive Order establishing the Office of the Special Investigator. This flexibility would enable the Minister to direct the undertaking of certain tasks of public interest or significance and respond to the changing needs of veterans.
411. A similar approach has also been taken in relation to Service NSW. Its enabling legislation (the *Service NSW (One-stop Access to Government Services) Act 2013* (NSW)) recognises Service NSW must be responsive to customer needs. The legislation provides that the functions of the agency are expansive and enables additional functions to be prescribed.
412. That said, two critical limitations should be observed when prescribing the functions of the new agency.
- First, it should not directly deliver services. Given the existing complexity and diversity of service providers, we do not believe that adding another service provider to the mix would be helpful.
 - Second, the new agency should not be tasked with oversight of Veterans' and Families' Hubs' ongoing funding. Rather, the new agency should be represented within the hubs, as well as other access points (such as state and territory government shopfronts).
413. The main reason for this second point is that if the new agency were to be a contract/grant manager for ESOs, this would fundamentally change the relationship and form of accountability between the bodies (from referring body/collaborator to contract/grant manager). It would also change the skills needed within the new agency (to more traditional public sector contract/grant management skills).
414. While the new agency could advise DVA on service gaps and ways to address them, it is important for the new agency's focus to remain on supporting veterans and confidently linking them to a wide range of services including ESOs (without also program managing the ESOs).

Capabilities and approach of the new veteran wellbeing agency

415. To be effective, the new agency will need to have specific capabilities that do not currently exist to the extent required in DVA. This means that staff and executive leaders need to be recruited against these specific capabilities and skill sets. If the new agency is primarily staffed by existing DVA staff or teams, units or divisions, it will be set up to fail from the outset.

Veteran-focused with lived experience of military service

416. A holistic view of veterans will be critical to the new agency, including:
- ensuring that their physical, emotional and social wellbeing is promoted and their dignity respected
 - offering veteran-centred support which places the person at the centre, honouring their unique experiences, preferences and values, and promoting their wellbeing and quality of life.
417. We know that veterans seek out support from ESOs due to their understanding of service life. The new agency must provide the same level of accessibility, which will require recruitment strategies that prioritise the lived experience of military service.
418. There would be significant benefit to establishing the head office somewhere other than Canberra for better recruitment opportunities, to establish a service identity separate from that of other large Commonwealth departments, and to be closer to where veterans live and work. The Census data shows that many ex-serving members live in Queensland, New South Wales and Victoria, and comparatively few in the Australian Capital Territory.

A customer-service culture and strong capabilities

419. Many Australian and other government agencies set out with ambitions of being customer focused, solutions oriented and timely in their actions. Not all succeed. If the new agency is to be different, its point of difference must be clear from the outset: the culture must be driven from the top, ideally by people who have extensive experience outside of government in customer-service environments and have lived experience of ADF service. There must also be in-built accountabilities (discussed later in this section).
420. To have credibility, the culture of the new agency must distinguish itself from that of other public sector agencies (including DVA) that have not had strong reputations for customer service in the recent past. Staff of the new agency must be adept at listening, communicating clearly, demonstrating empathy and finding solutions.

421. Another common challenge faced by Commonwealth agencies is having inadequate IT systems. What is needed is IT systems that are able to link, share and analyse data, and reliably report on impact and outcomes. If the new agency is to be different in the way it supports veterans, proactively identifying risk and demonstrating impact, it must have the necessary IT infrastructure to achieve this from the outset.
422. Service NSW provides an instructive example of how to achieve this. It was established and led by former national banking executives with significant expertise in large-scale customer service and digital-led service delivery. This capability has provided the foundations for a model that has since been adopted by other government agencies at both state and Commonwealth level. Some of the features of the Service NSW model include:
- easy access to information about a wide range of services so people accessing the site can self-navigate
 - the ability to book appointments at a service centre through the site.
423. While Service NSW has a much larger reach and service scope, the model is instructive when considering what features might benefit people accessing the new agency we propose. For example, the new agency could include similar features on its website including:
- videos on how to access support, (for instance, how to use the White Card to access non-liability healthcare) which are accessible at any time and may be some people's preferred option for getting the information they need
 - interactive maps that show how to access Veterans' and Families' Hubs and ESOs.

Proactive engagement with veterans

424. It will be critical for the new agency to build relationships of trust with veterans, including reaching out to veteran communities and encouraging them to access early interventions and supports. The agency must be able to identify proactively veterans and veteran cohorts who are not accessing supports and empower them to understand their entitlements and navigate the service system.
425. The new agency will require a variety of channels and mechanisms for engaging with veterans, reaching different cohorts of veterans and making sure they can access information in a way that suits them. Key to this will be a dynamic and accessible website and a strong social media presence (noting that contemporary veterans are more likely to access information through this channel).

Fully trauma-informed support

426. Staff of the new agency will need to be able to offer trauma-informed support.

Key principles include:

- creating a safe and supportive environment where veterans feel physically and emotionally secure (this involves establishing clear boundaries, ensuring confidentiality, and minimising triggers that may re-traumatise people)
- recognising that some veterans leave service with their trust in any Defence-related organisation eroded due to an experience of institutional betrayal
- building trust by being transparent, honest and consistent in communication and actions (which helps to establish a sense of trustworthiness, reliability and predictability)
- empowering veterans to make choices and have control over their lives
- fostering collaborative and respectful partnerships between veterans and service providers
- understanding and respecting the cultural, historical, and gender-specific factors that influence people's experiences of trauma and responses to support services (which involves being sensitive to diverse backgrounds, beliefs and identities, and adapting support approaches accordingly)
- recognising and promoting veterans' strengths, resilience, and capacity for healing and recovery
- providing continuity of care when a person makes repeat or ongoing contact with the new agency, including through a relationship manager.

427. By adopting a trauma-informed approach, the new agency can create spaces and identify interventions that promote healing, empowerment, and recovery for veterans who have experienced trauma, including when they transition to civilian life.

Empathetic, trusted and accountable

428. Restoring public confidence and trust in government agencies aimed at supporting veteran wellbeing is a key reason for establishing the new agency. To that end, it is essential that the new agency be committed to providing a service that builds trust and is true to its purpose in serving the veteran community. This means building cultures of accountability for the quality of services it provides, reporting in a transparent way and seeking to improve services continuously in response to veterans' needs and expectations. These will be important indicators of success.

429. The new agency should establish a simple, client-focused service charter based on the principles described above. The service charter should be linked to the KPIs of the new agency to support transparency and accountability. Examples of how this might be done include:

- the Queensland Human Rights Commission, which has developed a number of indicators for building internal capacity and culture within government agencies around human rights (including an annual survey of selected government agencies who report their activity and progress in relation to each of the indicators)
- the NSW Public Service Commission, which has developed specific indicators for productivity, employee engagement, workplace inclusion and diversity, wellbeing, customer satisfaction and business satisfaction⁴⁰⁶
- Service NSW, which provides weekly updates via an online dashboard of performance in delivery channels and programs, including in relation to customer feedback (an approach that is possible when there is good data capture and reporting tools and a high volume of customer contacts).⁴⁰⁷

Access to information and data

430. The new agency will require access to reliable, current and comprehensive information about the services and supports available to assist veterans, including local initiatives, services and programs that may not be available more widely.
431. It will be a significant undertaking to establish this database of information, as well as systems for maintaining its currency. Building relationships across a wide range of government and non-government service providers will be critical, and is further discussed later in this section.

How the new agency would work with hubs, DVA and other government agencies

432. As noted above, Veterans' and Families' Hubs are a critical part of the infrastructure that would support the new agency's engagement with the veteran community, complemented by state and territory government shopfronts. DVA also has a range of access points including Veteran Access Networks at its state and territory offices and Services Australia offices, which provide advice on DVA services and supports.
433. In addition, some ESOs have wellbeing advocates who assist veterans to navigate the service system as part of the support they provide to DVA claimants. Further consultation with the veteran community and ESOs is needed to design an engagement model that complements existing access points, and does not duplicate them or create confusion.
434. However, we emphasise that existing modes of engagement with the veteran community are clearly insufficient, and a different approach is required to support veterans' wellbeing. The establishment of Veterans' and Families' Hubs represents the first phase of this approach, but deeper and wider coverage across Australia is needed. We do not consider that simply building more hubs would be an effective solution, as this would not address the need to ensure that Commonwealth, state and territory and ESO services are integrated and connected, independent of their representation within hubs.

435. The new agency would require linkages and effective communication channels with both Defence and DVA. This would enable the agency to provide feedback on:
- any gaps, issues and possible changes that may be needed to transition programs to most effectively support veterans to transition to civilian life
 - systems, processes or practices that may be adversely impacting veterans' wellbeing or creating unnecessary barriers to access.
436. This would support continuous improvement for Defence and DVA, enabling them to better meet the needs of veterans.

Systems need to be integrated with DVA

437. DVA is primarily associated with lodging liability and compensation claims, and lacks the trust of the veteran community. The new agency needs to have distinctive branding so veterans know they can approach it for any form of support without being limited by eligibility criteria associated with specific DVA programs or claims.
438. To ensure seamless information sharing, the new agency should be nested within DVA, instead of being established as a separate statutory agency. Systems integration will be key to ensuring effective information sharing between the DVA and the new agency to provide a seamless customer experience. This relies on both agencies having access to current and complete information about clients, their backgrounds and their service usage (that is, through DVA's 'single-view-of-person' system).
439. Mechanisms for identifying and communicating risks to individual wellbeing (including where a client may require additional support) are also necessary between DVA and the new agency.

Recommendation 87: Establish a new agency to focus on veteran wellbeing

The Australian Government should establish a new executive agency focused on veteran wellbeing. The new agency should have distinctive branding, but be administratively nested within the Department of Veterans' Affairs (DVA) to ensure seamless information sharing and referrals.

The new veteran wellbeing agency should have the following functions:

- (a) Transition – to play a key role in supporting veterans to transition from military to civilian life (Recommendation 80), build relationships and encourage veterans to access early interventions and supports.
- (b) System navigation and connection to wellbeing supports at the individual level – to help veterans to navigate the wellbeing ecosystem by providing clear information online about available services, and by working in partnership with Veterans' and Families' Hubs and expanding engagement with veterans through state and territory shopfronts.

- (c) Improve referral pathways and service integration at the systems level by:
 - (i) managing relationships between Veterans' and Families' Hubs, ex-service organisations (ESOs), DVA, Australian and state and territory government agencies and non-government service providers
 - (ii) ensuring referral pathways are in place and services are integrated to the greatest extent possible
 - (iii) advising DVA and state and territory governments on service gaps
- (d) Co-designing wellbeing supports – to work with veterans and ESOs to co-design new prevention and early intervention wellbeing programs and services at the local level, supported by a dedicated funding stream under the redesigned grants program for ESOs.

The new veteran wellbeing agency should have an ongoing operating budget, and the following capabilities and features:

- (e) staff who have lived experience of military service
- (f) offices established in area/s where large numbers of veterans live
- (g) customer service expertise, including in digital-led solutions
- (h) a trauma-informed communications and service-delivery approach
- (i) led by a CEO who reports to the Secretary of DVA
- (j) adhering to a service charter and associated key performance indicators supported by regular and transparent reporting requirements.

24.6 Systemic challenges to supporting veteran wellbeing

440. To support veteran wellbeing, a number of systemic challenges must be overcome including a lack of meaningful obligations on governments at all levels and a need for improved coordination and collaboration with the ex-service organisations (ESO) sector.

24.6.1 Governments must truly collaborate to improve veteran wellbeing

441. All governments play a role in supporting veteran wellbeing and collaboration across levels of government is essential to achieve better outcomes. However, the Veterans' Covenant is not binding, the Veterans' Ministerial Council is more focused on sharing information than agreeing on and implementing concrete actions, and there is a lack of data to support tailored service delivery that meets veterans' needs.

The Veterans' Covenant does not create binding obligations

442. The Australian Defence Veterans' Covenant was enacted through the *Australian Veterans' Recognition (Putting Veterans and Their Families First) Act 2019* (Cth). It seeks to provide 'a framework for government, business and the people of Australia to recognise and acknowledge the unique nature of military service and support ex-serving members and their families'.⁴⁰⁸ The Act states that the Commonwealth may issue pins, cards or other artefacts to veterans and their family members in recognition of military service.⁴⁰⁹

443. The full text of the Australian Defence Veteran's Covenant oath is:

We, the people of Australia, respect and give thanks to all who have served in our defence force and their families.

We acknowledge the unique nature of military service and the sacrifice demanded of all who commit to defend our nation.

We undertake to preserve the memory and deeds of all who have served and promise to welcome, embrace and support all military veterans as respected and valued members of our community.

For what they have done, this we will do.⁴¹⁰

444. In addition to the covenant, the Act includes several provisions regarding 'general recognition' and 'cooperation', which acknowledge that veterans may require wellbeing support across a range of domains.

The Commonwealth acknowledges the unique nature of military service and the sacrifice demanded of those who commit to defend our nation.

The Commonwealth acknowledges the demands placed on, and the sacrifices made by, the families of veterans.

The Commonwealth acknowledges that **veterans may require support mechanisms to enjoy good health, to access employment and training opportunities, to access appropriate housing, to have access to justice, to enjoy social wellbeing or to participate in community engagement after the end of their military service.**

The Commonwealth is committed to supporting veterans and providing the care and support they require.

The Commonwealth acknowledges that support for veterans should be provided in a way that respects their dignity as individuals, enhances their self-esteem, is sensitive to any physical or mental injury or disease they may have suffered and respects their military service.

The Commonwealth acknowledges that **veterans should be supported to achieve greater economic wellbeing and sustainability and greater participation in civic affairs and should have opportunities to participate in employment and education ...**

The Commonwealth is committed to working cooperatively with veterans, their families and ex-service organisations to address issues facing veterans.⁴¹¹

445. The Act also includes:

- a commitment to the beneficial interpretation of rehabilitation and compensation legislation administered by DVA
- a commitment that claims submitted under the *Military Rehabilitation and Compensation Act 2004* (Cth) should be decided within 90 days, and
- a commitment that all claims to DVA will be decided ‘in a manner that is fair, just and consistent’, that ‘promotes public trust and confidence’, and ‘on the basis of only requiring evidence sufficient to meet the relevant standard of proof for the claims’.⁴¹²

446. Claims processing is further discussed in Chapter 25, Entitlements and claims processing.

447. At a principles level, the Act is a positive acknowledgement of the various supports that the Australian Government commits to providing for veterans who need them, and the manner in which those supports are to be delivered. However, the Act explicitly states that it ‘does not create or give rise to any rights or obligations’.⁴¹³

448. In June 2022, former Minister for Veterans’ Affairs the Hon Darren Chester MP agreed that while the Act does not confer any substantive rights or entitlements, he said he ‘would never underestimate the symbolism ... of the Act and the covenant and how highly it was regarded by veterans’.⁴¹⁴ He said he also believed that the Act would ‘assist’ in conferring respect and recognition and a ‘positive view of service’, and thereby assist with the goal of preventing Defence and veteran suicide, presumably insofar as suicidality is exacerbated by veterans not feeling respected or recognised by the Australian community.⁴¹⁵

449. We do not dispute the importance of respecting and recognising military service, and we acknowledge that for some serving and ex-serving members the Act and the Australian Defence Veterans’ Covenant are valued as a way of achieving that. However, we have also heard from both ex-serving members and advocates that the purely symbolic nature of the Act and the Covenant (not giving rise to ‘any rights or obligations’) renders them largely ineffective in materially improving veterans’ wellbeing.

450. Mr John Lowis, President of the Defence Force Welfare Association, Queensland, told us:

At several hearings of the [Royal Commission] and in written and oral submissions, there has been occasional reference to the Veterans' Covenant, mainly in the context of how useless it was and how it did not address the urgent pressing issues. In any event, it was not binding, provided for no benefits other than a discount card, some divisive Veteran badges ... and words. That opinion is often expressed in the Veteran community.⁴¹⁶

451. Similarly, Ms Gwen Cherne, the Veteran Family Advocate Commissioner, described the Covenant as 'a place to start' but suggested that veterans and their families saw it as largely tokenistic rather than providing any practical benefit. She said:

[I]t's recently come to my attention that veterans don't feel the covenant means very much and we say 'We support you, but here are all the barriers to that support'. So veterans feel that way about the Defence Veteran Covenant. How do families feel? Again, it is that add-on; it is that, 'Oh, yeah, you're important and we need to mention you and we do need to invest in you but we don't have the resources' or 'We don't have the money' or 'We just don't have the time', and, again, it's an example of, 'We're making progress but not yet', or 'We're thinking about it, but not yet'.⁴¹⁷

452. Dr Karen Bird, whose son, Private Jesse Bird, a former serving member, died by suicide, told us she believed the Act was a 'cynical exercise in public relations' and 'a lost opportunity on so many levels including further reforms in DVA that ... hadn't truly trickled down to actually benefit veterans'.⁴¹⁸

453. Submissions from ex-serving members also expressed frustration at its lack of practical effect. One wrote, 'Much has been made of the Veterans Covenant, but it should be recognised for the sham it has proven to be!'⁴¹⁹

454. Another said:

Most DFRDB [Defence Forces Retirement and Death Benefits] veterans, and other veterans, look on the words contained in the Australian Defence Veterans' Covenant as being very shallow words, and not worth the paper they are written on.⁴²⁰

455. The United Kingdom has also legislated a veterans' covenant, which has more practical effect than the Australian covenant. The UK Armed Forces Covenant recognises the service of members and their families, and includes the following principles:

Those who serve in the Armed Forces, whether regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.⁴²¹

456. In November 2022, the Covenant Legal Duty came into effect for the UK Armed Forces Covenant, creating:

a legal obligation on certain public bodies (including local authorities, governing bodies of certain state schools, various [National Health Service] bodies, and other organisations) to have due regard to the principles of the Armed Forces Covenant when carrying out certain functions in healthcare, education and housing.⁴²²

457. In addition, there is a legislative obligation for annual reports on the covenant to be made to the UK Parliament.⁴²³ The reports include information on a range of wellbeing domains for serving and ex-serving members including healthcare, education, and housing, as well as inquests into the deaths of serving and ex-serving members.

458. The UK covenant is thus more meaningful as a mechanism to improve veterans' wellbeing than the Australian covenant, as it puts legal obligations on government agencies responsible for healthcare, education and housing.

459. We do, however, recognise that constitutional differences between Australia and the UK mean that the same approach is not necessarily workable in our context, particularly as state and territory governments are responsible for many of the service systems that support wellbeing. The following section examines the effectiveness of the Veterans' Ministerial Council, which is the primary forum for intergovernmental cooperation on improving veterans' wellbeing.

Missed opportunities of the Veterans' Ministerial Council

460. In terms of who is responsible for veteran wellbeing, DVA has stated that:

Veteran welfare is the joint responsibility of the Commonwealth and State and Territory Governments. The provision of services to veterans and their families is not exclusively the responsibility of the Commonwealth, nor are Commonwealth functions delivered only by the Department of Veterans' Affairs (DVA).⁴²⁴

461. As is demonstrated by the complexity of the ecosystem of services providing support to veterans by Australian, state and territory governments (discussed in section 24.2.3), governments at all levels must work together to improve veterans' wellbeing and reduce the risk of suicide and suicidality.

462. The Veterans' Ministers Round Table was established in 2016 to 'help address homelessness in the veteran community'. Since then, its remit has expanded to encompass a range of issues relevant to veterans' wellbeing. It is now called the Veterans' Ministerial Council.⁴²⁵

463. The Veterans' Ministerial Council is an intergovernmental forum that brings together ministerial representatives from the Australian and state and territory governments who are responsible for veteran-related matters. The council is chaired by the Australian Government Minister for Veterans' Affairs, currently the Hon Matt Keogh MP. DVA has described the council as:

the primary forum for the Commonwealth, State and Territory Ministers with responsibility for veteran matters to consider how Commonwealth, State and Territory governments can better collaborate in supporting the wellbeing of veterans, their families and the broader veteran community.⁴²⁶

464. The council's terms of reference include the following statement on its strategic priorities, which encompass all wellbeing domains:

The VMC [Veterans' Ministerial Council] is committed to working together to support current and former serving Australian Defence Force members, including reservists, with a focus on addressing:

- mental health and suicide prevention;
- transition to civilian life, employment, skills and training;
- incarceration and homelessness issues;
- supports for families and partners; and,
- recognition of service including commemorating, and maintaining public awareness of, the contribution made to the community by veterans.

Members of the VMC will seek to address these issues and support connected service delivery through:

- robust sharing of veteran related data across jurisdictions with particular focus on homelessness, incarceration rates, mental health, employment initiatives, and financial support; and,
- identifying, investigating and mitigating barriers to harmonisation of services and concessions across jurisdictions.

Strategic priorities will be reviewed and updated annually as part of the preparation of the VMC Annual Report to National Cabinet.⁴²⁷

The Veterans' Ministerial Council focuses on information sharing rather than true collaboration and concrete action

465. Annual reports of the Veterans' Ministerial Council to National Cabinet include achievements from the year ending, and priorities for the coming year. The council's 'key achievements' for 2023 were:

- participating in this Royal Commission, including progressing the recommended legislative reforms from the *Interim Report* ⁴²⁸
- increasing the number of Veterans' and Families' Hubs
- releasing the Veteran Transition Strategy
- updating the council's terms of reference.⁴²⁹

466. For all these activities, the annual report said that ‘consultation’ and ‘collaboration’ had occurred between the Australian Government and states and territories. However, legislative reforms, expansion of the Veterans’ and Families’ Hubs, and release of the Veteran Transition Strategy are all entirely within the Australian Government’s decision-making and funding remit. While it is positive that states and territories were consulted, none of these can truly be considered joint initiatives.

467. It was no great surprise, therefore, to hear the views of several state and territory governments saying that the Veterans’ Ministerial Council could make a bigger difference if it focused more on clear actions and outcomes designed to improve veteran wellbeing, beyond information-sharing, ‘consultation’ and ‘collaboration’.⁴³⁰

468. In response to questions about barriers to supporting veteran wellbeing and how they could be reduced or eliminated, the Queensland Government told us:

Existing constraints, barriers or limitations include a lack of a formalised structure within which state and territory governments should operate ... Clearer guidance from the Federal Government on its priorities, programs and initiatives in relation to veterans’ matters and how states and territories may assist in their delivery may be a potential improvement.

The Queensland Government believes the Taskforce is a useful mechanism for sharing and disseminating information between federal, state and territory governments, but could be improved by having clear and measurable actions and priorities that are reported on and updated at every meeting.⁴³¹

469. In March 2024, Ms Emma Davidson MLA, Minister for Veterans in the Australian Capital Territory, said:

one of the things that we could do is rather than putting an item on the agenda for just general discussion or for noting ... to actually put items on the agenda to make a decision to take a particular action, that is nationally coordinated and consistent across every state and territory. That could be a way of making shifts in some areas.⁴³²

470. In August 2023, then Premier of Victoria, the Hon Daniel Andrews MP, agreed that the ‘lack of formal initiatives and formal practical outcomes’ arising from the Veterans’ Ministerial Council to date is unsatisfactory.⁴³³

471. However, during our procedural fairness process, the Australian Government disagreed with the proposition that the Veterans’ Ministerial Council and supporting committee had ‘failed to deliver formal initiatives or outcomes to improve veteran wellbeing’. The Government said this proposition ‘relied on an incorrect assumption that the purpose of these forums is to deliver formal initiatives or outcomes to improve veteran wellbeing’.⁴³⁴

472. In the Australian Government's view, 'these bodies are primarily information-sharing and collaborative forums, which enable jurisdictions to identify opportunities for improved harmonisation or coordination'. The Government also stated that 'no participating jurisdiction can direct or "bind" other jurisdictions to take action to implement measures in their jurisdiction, as each polity is independent and must obtain its own policy, legislative and budgetary authority'.⁴³⁵
473. Given the repeated insistence from the Australian Government that all governments are responsible for improving veteran wellbeing, and it is not solely the role of DVA or other Australian Government agencies, their view that the Veterans' Ministerial Council – the primary intergovernmental forum for veteran wellbeing – exists *not* to deliver initiatives or outcomes to improve veteran wellbeing is frankly astounding.
474. The independent authority of Australian and state and territory governments is obvious, and it has not been a barrier to governments jointly agreeing on and implementing major reforms in other sectors. Some of the most significant changes to service delivery and funding over the last two decades, including the National Disability Insurance Scheme and the 'Gonski' education reforms, were facilitated by joint agreements by Australian and state and territory governments.
475. Indeed, binding intergovernmental decisions have also been made in many areas, including housing and homelessness, health, skills, mental health and suicide prevention through the use of national agreements.⁴³⁶
476. In the following sections we consider what needs to change in order to achieve similar levels of intergovernmental commitment and action to improve veteran wellbeing.

Government agencies lack visibility of the full population of veterans

477. A fundamental tenet of service design and delivery is being able to understand who needs the service, what they need, where they need it to be delivered, and any support they need to access it. Obtaining timely and accurate data to inform the scope and type of services needed to support veteran wellbeing has been an ongoing issue for all levels of government. The *Preliminary Interim Report* of the interim National Commissioner for Defence and Veteran Suicide Prevention stated:

it has become abundantly apparent that data on ADF members and veterans is lacking. As a result, the Australian Government and state and territory governments have a limited understanding of the veteran population and the issues that affect them.⁴³⁷

478. The NSW Minister for Veterans told us that it is impossible to deliver services that meet veterans' needs without access to reliable data, saying:

the delivery of State services is really ... contingent on having the best available data from the Commonwealth to overlay on our own State data to ensure we're getting ... that service provision right.⁴³⁸

479. State and territory governments receive de-identified data from Defence on transitioning members. However, as the data does not include where the ex-serving members intend to live following separation (or any other personal information), it does little to assist states and territories to appropriately plan for and support veterans in their communities. The then Chief of the Defence Force, General Angus Campbell AO DSC told us that:

Transition services can be fragmented and confusing. There is potentially a need to consolidate and create more effective linkages between all stakeholders. State and territory governments are focusing on linking services to members but find it difficult to identify members in their areas.⁴³⁹

480. The NSW Minister for Veterans also highlighted the limited usability of the de-identified data, saying:

it gives a picture of transition trends and identifies the number of ... veterans transitioning. However, at the micro level, it still has gaps because ... it's de-identified, it's very hard to know specifically what sorts of services may support them.⁴⁴⁰

481. For the first time, the Census of 2021 asked whether members of the household had 'ever served in the Australian Defence Force'.⁴⁴¹ The findings revealed that more veterans were living in some states than had been estimated; their geographic distribution within states was also a surprise.⁴⁴²

482. While the question on ADF service in the 2021 Census represented a significant step forward, the challenges associated with using de-identified data remain. Mr Andrews, told us:

I don't think the most recent census has solved all of those problems. It has given us a complete de-identified picture of the total number of veterans who call Victoria home, but 'de-identified' is the key here.⁴⁴³

We don't have a list, their names, addresses, let alone any further details of those members of the veteran community and, on that basis, we find ourselves in a situation where we have to provide broadcast messages to a very – in the scheme of things – to a relatively small group of people. That is the biggest gap from a data point of view and it serves as a significant barrier to us, not just delivering services but building trust and building a relationship with people ... many of whom are vulnerable. It is a real barrier to us doing more and doing better for a group of people who deserve our best efforts.⁴⁴⁴

483. The ACT Government expressed a similar view:

Data continues to be an ongoing limitation to understanding the scope and breadth of veterans matters in the ACT. Whilst the 2021 Census data has provided clarification that the ACT's veteran population per capita is nearly double the national average, the infancy of this data and gaps in data collection across other service provision area proves challenging.⁴⁴⁵

484. Similarly, NSW told us that veterans are rarely identified within datasets of mainstream state-based services:

As the majority of services delivered to veterans in NSW are delivered as mainstream services, and the identification of veterans within the data is either not captured or incomplete, actual numbers of veterans engaged in NSW services is currently not available.⁴⁴⁶

485. As noted in section 24.1.2, an 'ADF indicator' (which relies on veterans self-identifying) was introduced for specialist homelessness services in 2017. A similar indicator has also allowed veterans to self-identify on the My Health Record (e-health) system since 2014.⁴⁴⁷

Attempts at improving data collection and sharing have a way to go

486. The concept of a 'veteran identifier' and other mechanisms to improve the collection, sharing and analysis of data related to serving and ex-serving ADF members have been discussed in intergovernmental forums for almost a decade. Despite this, no meaningful progress has been made.

487. In 2016, the Senate inquiry into Mental Health of Australian Defence Force Members and Veterans recommended that 'all veterans be issued with a universal identification number and card that can be linked to their service and medical record'.⁴⁴⁸ The inquiry report stated that:

The committee is very concerned regarding the piecemeal identification systems for veterans; more must be done to ensure continuity of identification of veterans, regardless of whether they are clients of DVA. The committee acknowledges that DVA is working with Defence to implement a single identification number between the two departments, however the committee believes that all veterans should be provided with a universal identification number and identification card that can be linked to the veteran's service and medical records and utilised by both Defence and DVA, as well as other services such as the those offered by the Department of Health and Department of Human Services. All ADF members should be issued with a veteran identification number and identification card upon discharge. All current and future clients of DVA should be issued with this number and card and veterans who are not currently clients of DVA should be actively encouraged to register for the veteran identification number and identification card.⁴⁴⁹

488. In response, the Government 'partly agreed', stating:

The Government agrees that a better link should be provided between DVA clients and their service and medical records, but does not agree with an identification card.

In relation to a universal identification number, DVA has initiated an Early Engagement Model supported by the Department of Defence. Under this Model, Defence will make basic personal information for all ADF members

who join after 1 January 2016 available to DVA. This will include their Defence identification number known as the Personnel Management Key Solution (PMKeyS) number.⁴⁵⁰

489. In other words, no changes were made beyond the already planned exchange of information between Defence and DVA. This did nothing to improve the visibility of veterans for other Australian Government agencies.
490. In 2017, the National Mental Health Commission recommended that the Australian Government consider developing an ADF service identifier for use in health datasets to inform service planning and delivery at the regional level:

A strategy for further data development and information priorities within the ADF/veterans context should be developed to improve tracking and visibility of the need for, uptake and effectiveness of services for current and former serving ADF members and their families, as well as the experience and outcomes of these services. As part of this strategy, the Australian Government should consider developing a health data identifier for use in health data sets to identify when an individual is a current or former member of the ADF. This would assist in health services planning as well as better targeted service delivery and in research endeavours.

De-identified data and other relevant information relating to former ADF members should be provided via the Department of Health to Primary Health Networks to assist them to consider the needs of former ADF members in the planning and delivery of effective and efficient health services within their regions.⁴⁵¹

491. In response, the Government established the Commonwealth Veteran Indicator Interdepartmental Committee to:

identify what data is collected by Commonwealth agencies, what additional data could be collected, how the data can be used to inform veteran-related policy and program development more generally across government, and understand the constraints of introducing a veteran identifier in identified data collections.⁴⁵²

492. DVA informed us that the ‘first and only meeting’ of the Commonwealth Veteran Indicator Interdepartmental Committee occurred in May 2017.⁴⁵³ The minutes indicated that the purpose of the meeting was to:

engage relevant Commonwealth agencies in the implementation of the Government’s 2016 election commitment, in the context of veterans’ homelessness, to ‘require Commonwealth agencies to identify whether its clients are veterans and to make that information available to ex-service and other organisations which provide support for homeless veterans’. This can be achieved by collecting and exchanging data sets between government agencies.⁴⁵⁴

493. The minutes also said there was a consensus among all participants:

- to 'identify veteran data and use of services across the Commonwealth to address issues such as employment, incarceration rates, mental health status and suicide numbers', and
- that the cohort of veterans who are not DVA clients is 'difficult to track, and there are no immediate solutions to this'.⁴⁵⁵

494. The minutes stated that DVA 'indicated the need to pursue issues bilaterally to expedite solutions for the Minister's Office' and that next steps were:

- To capture information requires the exchange of information with other organisations.
- The inclusion of veteran indicators [is] positive for the future collection of data, but little information can be collected on the invisible ADF cohort and our current data base.
- Meeting outcomes to be discussed further with internal DVA staff to assess next steps, e.g. Homelessness service data.
- DVA to continue conversations with all organisations but no immediate need for another meeting.
- Distribution of the Government's 2016 election commitment.⁴⁵⁶

495. It is disappointing to say the least that only one meeting of the Commonwealth Veteran Indicator Interdepartmental Committee ever occurred, and it focused on implementing an election commitment rather than fulfilling the significantly broader scope envisaged in the National Mental Health Commission's recommendation.

496. According to DVA, the Committee 'determined the best option was to explore data integration via the Australian Institute for Health and Welfare (AIHW) and aim to include a question in the 2021 Census'.⁴⁵⁷ There is no record of this agreement in the meeting minutes.

497. Four years later, in May 2021, the Veterans' Ministerial Council senior officials committee discussed the possibility of including 'a veteran identifier when a veteran presents at an emergency department for mental health issues and potential preferential access to beds/services, noting that this may require a future review of current MoUs with jurisdictional providers'.⁴⁵⁸ In response, committee members:

- 'acknowledged the scale of the health system, the pressures of COVID on the health system, the current use of DVA Gold/White cards for recouping funding from the Commonwealth and raised concerns around self-identification of veterans and reciprocity of data sharing'
- 'sought further detail on the proposed policy to ensure discussions across agencies and within jurisdictions were all based on the same information'
- determined that 'a formal letter would also assist in progressing discussions with relevant agencies'.⁴⁵⁹

498. The corresponding action was for 'DVA to develop a policy paper on the proposed veteran identifier for veterans presenting at emergency departments seeking treatment for mental health conditions'.⁴⁶⁰ In November 2023, approximately two-and-a-half years later, DVA told us that 'work continues on this matter, with a paper under development for consideration by the committee in 2024'.⁴⁶¹

499. In parallel, veteran data was also considered under the Intergovernmental Agreement on Data Sharing, which is 'a commitment by all jurisdictions to share public sector data by default, where it can be done safely, securely, lawfully and ethically'.⁴⁶² In August 2021, it was agreed by the Data and Digital Ministers Meeting that the Veterans' Health Project, to be led by South Australia, was to be one of three 'future priority data sharing areas' to address the following statement:

States/Territories often deliver services for veterans residing in their jurisdiction but do not have a complete or accurate picture of their veteran cohort. Commonwealth can share selected data to state/territory governments for better delivery of services.⁴⁶³

500. The Veterans' Health Project sought to address the following two questions:

What are the legislative, consent and privacy barriers and opportunities for sharing identifiable, non-identifiable and aggregate data on Australia's veterans (current and former Australian Defence Force personnel) between Commonwealth, state and territory government agencies?

What are the current data sources that provide a more comprehensive picture of data assets related to veterans' health and services?⁴⁶⁴

501. The Veterans' Health Project ran from September 2021 to February 2022, and resulted in several outputs.

- A data collection stocktake was completed, and data sharing barriers were identified, including privacy, legislative and consent barriers.
- Detailed demographic data was shared with all states and territories.
- A proposal for a consent-driven model to verify veterans' status was developed.
- A proposal to leverage existing work on digital identity to improve veterans' access to government services was agreed on.⁴⁶⁵

502. The proposal included various elements.

- [It included] a voluntary hybrid customer-initiated consent driven/ behavioural economics model for veterans to access State and Territory government services. The model works by the veteran granting consent to a state-based service to validate their identity via a third-party application or state/territory-based service application with the relevant Commonwealth agency ...

- [It included] an opt-out mechanism [that] would allow individuals to disengage from the service, and withdraw their consent more generally, for example removal of data from the system. Thus, a voluntary customer-initiated consent driven model with the ability to withdraw consent empowers the individual and works to address various privacy concerns and barriers with cross-jurisdictional data-sharing.
- [It noted that] some jurisdictions already provide concessions upon presentation of a Gold, White, Orange or DVA pensioner card. This misses a considerable number of veterans who do not hold any of those cards. To encourage engagement, the proposed model utilises economic principles such as concessional discounts on government services and applies the principle of 'share-once, use-often'.⁴⁶⁶

503. The proposal noted there are 'a number of precedents' for this model, including the 'ID.me app' used by the United States Department of Veterans Affairs which helps veterans access over 500 different services.⁴⁶⁷

504. In March 2022, the Data and Digital Ministers Meeting agreed to consider continuing the Veterans Health Project as part of the next phase of work under the Intergovernmental Agreement. However, in November 2022, ministers decided the next phase of work should be limited to 'one portfolio and two system reform initiatives to focus efforts with the aim of making greater progress'.⁴⁶⁸ These were the Closing the Gap community infrastructure project, the Multilateral Data Sharing Agreement and the National Data Catalogue.⁴⁶⁹

505. Following this decision, the Veterans' Health Project was 'considered to be closed'. The Department of Finance told us that a 'long-term outcome' of the project was that DVA provided de-identified demographic data on veterans to state and territory governments in 2022 and 2023.⁴⁷⁰

506. When we asked DVA about the Veterans' Health Project and its role in it, we received the following response:

DVA had no involvement in the development of the proposal.

In 2021, a working group was established and chaired by Veterans SA, comprising representatives from all states and territories, including DVA.

DVA was a participant in the working group in which the Veterans' SA proposal was presented. The working group considered the proposal and it was agreed that the working group would support Veterans SA taking the proposal to the next Data and Digital Ministers' Meeting (then scheduled for 25 March 2022) for their consideration. DVA is unaware of the outcome of this meeting.

This working group was disbanded and there was no input required by DVA.⁴⁷¹

507. Despite a lack of progress at the national level, state and territory governments are progressing efforts to improve veteran datasets.

508. All veterans living in Victoria are now eligible to apply for a ‘Veterans Card – Victoria’, which provides a range of concessions and fee waivers for registration and licences. Veterans’ information is verified by the Commonwealth and can be shared with the Victorian Department of Families, Fairness and Housing. In addition, anonymous card usage data may be shared with other Victorian Government departments and agencies.⁴⁷² Then Premier of Victoria, Daniel Andrews, described the verification process as ‘a workaround but ... a good outcome’, noting it could ‘be so much better’.⁴⁷³ As at August 2023, 8,000 veterans had signed up for the card, out of approximately 105,000 veterans living in Victoria.⁴⁷⁴
509. Other states and territories’ veteran strategies emphasised the need for better data to inform and improve service delivery.
- Western Australia has committed to ‘identify opportunities for veterans to voluntarily self-identify to Western Australian Government agencies to improve service delivery’ and ‘work with DVA’s Indigenous Veterans Liaison Officers network to identify the number of Western Australian Aboriginal and Torres Strait Islander veterans’.⁴⁷⁵
 - New South Wales has committed to ‘work collaboratively with DVA and AIHW to explore how to better use their data on veterans to inform our service planning and responses’.⁴⁷⁶
 - South Australia has committed to the ‘ongoing pursuit of data relevant to the veteran population to help further inform evidence-based strategic priorities and policy development across government’.⁴⁷⁷

A national funding agreement on veterans’ wellbeing is needed

510. Coordinated and integrated action across all levels of government is critical to improving veteran wellbeing and reducing risks associated with suicide and suicidality. However, existing intergovernmental mechanisms are weak.
- National attempts at improving data collection, sharing and analysis have stalled.
 - The Australian Defence Veterans’ Covenant does not create any enforceable obligations on governments.
 - The Veterans’ Ministerial Council is focused on information-sharing rather than outcomes.
511. National funding agreements are a proven mechanism for Commonwealth, state and territory governments to make funding commitments and agree on a clear set of actions to achieve a common purpose. The Intergovernmental Agreement on Federal Financial Relations recognises that:
- the states have primary responsibility for many areas of service delivery, but that coordinated action is necessary to address Australia’s economic and social challenges. It provides the foundation for the establishment of funding agreements between the Commonwealth and the states.⁴⁷⁸

512. A national funding agreement would set the foundation for:

- a clear purpose and action plan for the Veterans' Ministerial Council
- the translation of the commitments in the Veterans' Covenant into meaningful improvements in service design and delivery.

513. At a minimum, a national funding agreement should focus on:

- improving outcomes for veterans experiencing homelessness
- ensuring that veterans who are incarcerated receive appropriate support
- facilitating school enrolments for the children of serving members who do not yet have an address in a new posting location
- developing networks of health care for veterans
- maximising data sharing between levels of government to ensure that veterans receive appropriate and targeted wellbeing support when they need it.

514. National funding agreements are deliberately flexible so that states and territories can develop and implement approaches that are tailored to the people in their jurisdiction, and dovetail in with local service delivery. However, they also ensure that all governments are taking concrete actions to achieving defined common outcomes in a coordinated and transparent manner.

Improving outcomes for veterans experiencing homelessness

515. As discussed in section 24.2.4, homelessness is a risk factor for suicide and suicidality. Veterans at risk of homelessness need tailored supports outside the mainstream service system. While data on the number of veterans experiencing homelessness is incomplete, there is clearly unmet need.

516. The submission from Group Captain Carl Schiller OAM CSM (Retd), National President of the Air Force Association, highlighted the need for intergovernmental cooperation:

The [Air Force] Association appreciates state and territory governments have a primary responsibility for providing housing and homelessness services and that the Commonwealth supports the states and territories through the National Housing and Homelessness Agreement. However, veterans during service were the responsibility of the Commonwealth and like any civilian employer it should be accountable for the welfare of its workers who suffer injury (physical or otherwise) during service. It seems then, that the Commonwealth should take at least some responsibility for addressing veteran homelessness.

The Air Force Association has recently established a Foundation to improve the lives of veterans and their families in need. Its start-up program is developing veteran living centres of homeless veterans in Western Australia and Victoria.

The program will hopefully extend to other states and territories. It's hopeful the program will help reduce homelessness and suicide. The Association intends to seek Commonwealth assistance to fund the program.⁴⁷⁹

517. In May 2023, Minister for Veterans Issues in Western Australia, the Hon Paul Papalia MP, noted the support being provided by the Western Australian Government, and the potential role for the Commonwealth Government in providing some capital funding:

We are supporting, via the Anzac Day Trust, the Andrew Russell Veteran Living Program being established here [in Western Australia] ... [which] address[es] veterans who have been incarcerated and then as they leave the prison system ... [It] provides them with support and supported accommodation to transition them into work and regular accommodation. We know that around 80 veterans are incarcerated in WA, [and when they are released] they will be vulnerable ... to challenges of finding housing and ... falling back into the pathway they were on prior to entering prison. So we would like to establish a similar program to SA here ... the Royal Australian Airforce Association have got a plan, we're supporting it with their administrative costs and their business case ... RAAF have identified land for building accommodation ... they have in-kind support from builders and design and architects and the like. What we need is a contribution for capital to get that program off the ground, and that's what I would like the Federal Government to do. That would be good if they contributed to that ... what we would like from them is a capital contribution to get the buildings done, and then we'll sustain them with part of their ongoing recurrent costs.⁴⁸⁰

518. The Minister also said it was important to learn from the South Australian model. This included:

- providing links to wraparound services beyond housing and emergency support, including employment pathways and mental health services
- identifying the types of veterans who are likely to benefit most, and the ideal mix of residents
- the physical design of the units.⁴⁸¹

519. State and territory governments recognise that tailored services are needed to support veterans experiencing homelessness, and must be integrated with other forms of wellbeing support. Additionally, ESOs have developed effective models that can be scaled. However, in the absence of an ongoing funding commitment to build and operate these services at the national level, responses will continue to be piecemeal.

520. Recent Commonwealth funding commitments to increase capital investment in the Northern Territory and nationally through the Veterans' Acute Housing Program provide a strong starting point. However, this form of funding also perpetuates existing problems, including:

- that funding is mainly limited to one-off capital investment or service grants, and does not include ongoing operational funding (meaning that there is no long-term investment plan and the sustainability of additional housing support and services is not guaranteed)
- that funding allocation decisions for veteran-specific programs are made by the Australian Government in service systems that are managed by state and territory governments (meaning that while state and territory governments may be consulted, which is not guaranteed, they do not have any formal decision-making power).

521. Promisingly, DVA told us that:

The Veterans' Acute Housing Program is intended to open up future opportunities for co-funding arrangements, through identifying and building strong partnerships that optimally leverage land and capital contributions to add to the Commonwealth's funding support. This approach could subsequently be applied to create an increased stock of affordable rental dwellings for at risk veterans.⁴⁸²

522. This funding could provide a foundation for an expanded longer-term investment plan encompassing capital investment, ongoing operational funding for housing providers and ongoing funding for wraparound support services. All of these should be tailored to veterans' housing needs and delivered by trusted providers, including ESOs. It is critical that future funding decisions are made in partnership with state and territory governments to leverage their potential contributions and ensure integration with existing housing support services.

523. We note that the interim National Commissioner for Defence and Veteran Suicide Prevention recommended that veterans should be included as a priority cohort in the National Housing and Homelessness Agreement, and that governments should:

- agree on targets to reduce veteran homelessness
- develop a data collection process that provides accurate figures on veteran homelessness.⁴⁸³

524. At the time of writing, the Australian Government had not responded to this recommendation, and the new National Agreement on Social Housing and Homelessness was still in draft.⁴⁸⁴

525. We note that bespoke services delivered by ESOs are often required for veterans and these are separate from mainstream services funded through the National Housing and Homelessness Agreement. In addition, there is a risk that issues affecting veterans may be deprioritised over time (as occurred with the Data Sharing National Agreement), without sufficient transparency of outcomes for veterans.

526. We therefore consider that a stand-alone national funding agreement dedicated to veterans' wellbeing is needed, with a key priority being improving outcomes for veterans experiencing homelessness.

Supporting veterans who are incarcerated

527. As Minister Papalia indicated, veterans leaving incarceration are a primary cohort requiring tailored housing support. The broader issue of supporting veterans who are at risk of entering the justice system, currently incarcerated, and who have served custodial sentences is critical, given the higher risk of suicide and suicidality associated with incarceration (discussed in section 24.1.2).
528. In 2021, the Veterans' Ministerial Council established the Veteran Incarceration Working Group with the goal of 'ensuring that veterans serving custodial sentences continue to receive services and support, and remain engaged with veteran support services'.⁴⁸⁵
529. Initiatives are underway to achieve this goal in some states and territories. For example, in addition to the housing support provided by the Andrew Russell Veteran Living Centre in South Australia, the South Australian government has also developed the Veteran Staff, Prisoners and Offenders Strategy and Action Plan 2021–25, which is intended to achieve the following outcomes for veteran prisoners and offenders:
- they feel comfortable disclosing their veteran status
 - they are supported to manage the impacts of their service (such as trauma)
 - they can successfully transition back into the community on release
 - they are less likely to reoffend and desist from criminal activity in the long term
 - they are connected to and receiving support from veteran support agencies.⁴⁸⁶
530. A similar approach is being explored in Western Australia.⁴⁸⁷ DVA has also created the position of 'Prison Servicing Officer' who is responsible for supporting the needs of incarcerated veterans and their families in consultation with state and territory correctional authorities.⁴⁸⁸
531. DVA commissioned research from Flinders University on veterans' experiences of incarceration in Australia to 'identify and address gaps in the knowledge of the veteran experience in corrective services systems, with a focus on wellbeing'.⁴⁸⁹ The research report was finalised in October 2023, and stated that 'mental health and suicidality were challenges noted by many of the veterans interviewed'.⁴⁹⁰
532. Key findings of the report included:
- None of the prisons visited during the study 'provided DVA or veteran sector support details to incarcerated veterans'.
 - While veterans 'have many of the general needs of the prison population' they also have 'specific needs'.
 - Veterans leaving prison 'require dedicated veteran sector support to transition effectively from prison'.⁴⁹¹

533. The report made 28 recommendations. While the majority of them were directed to DVA, the report acknowledged that:

implementation of these recommendations will require DVA to engage with other bodies in a federated system of government. **A whole of government response to veteran incarceration is necessary to address associated matters such as housing, employment or education.** Relevant bodies will include those such as the ADF, Joint Transition Authority, state and territory correctional institutions, Attorney's General departments, and justice systems, including the ESO sector. Improvements in the veteran transition experience, and **reductions in veteran offending and reoffending can only be achieved through co-operation between relevant state and federal bodies.**⁴⁹²

534. The Commonwealth told us that:

The [Veteran Incarceration] Working Group is considering recommendations made in the Flinders University research report ...

It held the first of three planned workshops on 7 March 2024 and will hold a further two workshops in relation to support services for incarcerated veterans (especially mental health support) and data capture. The Working Group will provide a summary of potential policy responses to the VMC [Veterans' Ministerial Council].⁴⁹³

535. Similar to the reforms needed to support veterans' housing, it is likely that a range of reforms will be needed to equip corrective services' staff with the skills to identify and respond to the needs of veterans during incarceration (noting that some are veterans themselves).⁴⁹⁴ Reforms will also be needed to ensure that veterans are connected with support services during and after their prison sentences. This is likely to require additional funding as veterans' needs are identified, and state/territory and national services are designed to support them.
536. Including support for veterans who are incarcerated (both during and post-incarceration) as a priority under the new national funding agreement for veteran wellbeing would ensure that policy responses being developed by the Veterans' Ministerial Council working group are backed by funding commitments, clear milestones are developed, and actions are evaluated.

Facilitating school enrolments for serving members

537. As discussed in Chapter 27, Importance of families, an ongoing challenge for serving members and their families is being able to enrol their children in a new school after they have received their next posting location but before they know their future address. Most schools require an address before they allow new enrolments. Chief of Personnel, Lieutenant General Natasha Fox AO CSC told us that a way to reduce stress on the family unit when relocating is for 'education departments [to] accept military families and children into schools without an address, because you're instantly removing a stressor from a posting cycle and supporting the family'.⁴⁹⁵

538. We note that the Veterans SA ‘Strategic Outlook’ includes an action to engage with the Department for Education ‘to advocate for flexibility in school zoning for Defence families’, and commend Veterans SA for progressing this initiative.⁴⁹⁶ Given the national mobility of ADF members, it is important that all states and territories act on this with support from the Australian Government. We therefore consider that facilitating school enrolments for serving members’ children without a known address should be a priority under the new national funding agreement for veterans’ wellbeing.

Networks of health care

539. As discussed in Chapter 18, Health care for ex-serving members, we recommend the development of ‘networks’ of care, to improve access to, and coordination between, specialised health care for veterans and other healthcare services. This will require providers and funders of health care at all levels of government to work together to develop a model that prioritises and delivers coordinated care to meet the health needs of veterans. This is likely to require additional funding support, and we therefore consider that developing networks of care should also be a priority under the new national funding agreement for veterans’ wellbeing.

Maximising data sharing to support veteran wellbeing

540. As discussed earlier in this section, several attempts at improving data-sharing so support services for veterans can be informed by accurate data have not resulted in a clear solution. Victoria has recently implemented what it calls a ‘workaround’ but has advocated for Defence and DVA to share comprehensive data on veterans on a regular basis, and South Australia developed a proposal that was ready to be tested as a pilot but never progressed to implementation.⁴⁹⁷

541. Ms Chantelle Bohan, Director of Veterans SA, confirmed they are continuing to explore this proposal, and would be meeting with Victoria to discuss their Veterans’ Card and implementation requirements. As Ms Bohan noted, there are logistics to consider, including the development and management of IT systems, data management and data analysis.⁴⁹⁸ We commend Veterans SA for continuing to progress this initiative, and expect the Australian Government to cooperate as they are in Victoria.

542. The Australian Government has informed us that work is underway to improve systems of veteran identification.

- The Joint Transition Oversight Panel is considering ways to incorporate a veteran identifier into existing individual healthcare identifiers (IHI) (every Australian resident has a unique IHI, managed by Services Australia and used to identify individuals for health care purposes).⁴⁹⁹
- In October 2023, the Veterans’ Ministerial Council agreed to establish a working group to consider ‘a veteran identifier [of a child’s parent/s] on school enrolment forms’.⁵⁰⁰

- In June 2024, DVA told us it was planning on introducing a ‘veteran identifier question in state-based mental health intake services’, but there are no clear timeframes on when this is expected to occur or if states and territories have agreed to the proposed model.⁵⁰¹

543. We note that previous reports and inquiries have made recommendations for improving data collection. For example, the interim National Commissioner for Defence and Veteran Suicide Prevention recommended that DVA and Open Arms include questions regarding a person’s housing situation in their assessment processes in order to improve data on veterans’ housing support needs.⁵⁰² At the time of writing, the Australian Government had not responded to this recommendation.

544. We acknowledge the many challenges to overcome in reforming processes for collecting and sharing personal data. While there are arrangements in place in some sectors for veterans to ‘self-identify’, we also know there are barriers to veterans identifying themselves, particularly when they are in crisis. This results in datasets being incomplete and unreliable, with the flow-on effect that the prevalence of certain risk factors for suicide and suicidality in the veteran community is underestimated.

545. For example, in 2016, South Australia updated its prisoner admission forms so there was an opportunity for people to self-identify as veterans. However, the South Australian Veteran Staff, Prisoners and Offenders Strategy and Action Plan 2021–25 noted that:

It is expected that there is a high degree of underreporting of veteran status due to a range of factors. In the prison context, veterans may be hesitant to identify as a veteran due to a perceived ability to assist in criminal or anti-social activities due to their unique skill set or the shame associated with their offending.⁵⁰³

546. The ACT Government made a similar observation in relation to veterans’ reluctance to self-identify when engaging with homelessness services:

In addition to the limitation of data collection systems, the cultural nuance of [ADF] service often makes veterans reluctant to identify, particularly in relation to help seeking. Census data confirmed assumptions, for example, that homeless veterans are more likely to be sleeping rough, or to not identify as a veteran when they are accessing homeless services. The known reluctance for veterans to ask for help, and the shame and stigma built into a prideful culture, and resulting lack of self-identification are expected to be evident across all areas of service provision, making data unreliable.⁵⁰⁴

547. In addition, gaining a veteran’s consent to share their personal information with other agencies and for specified purposes is critical, and it may not be clear to veterans what benefit, if any, there is in providing their consent. This was one of the issues the consent-based model developed by the Veterans’ Health Project aimed to address.⁵⁰⁵

548. As we noted at the outset of this chapter, some veterans are at higher risk of suicide and suicidality and are likely to require more wellbeing support than others. In particular, veterans who separate from service involuntarily, both for medical reasons and for the reason ‘retention-not-in-service-interest’, fall into that category. We identified these groups, in addition to some others, as being at elevated suicide risk in Chapter 1, Understanding suicide. If service providers in states and territories have visibility over veterans in these groups as they separate from the ADF, they could identify them early and provide better support.
549. There are two main ways that state and territory service systems could benefit from richer data on the veteran population:
- At the demographic (aggregate) level – a more granular picture at the Local Government Area (LGA) or ABS Statistical Local Area level that shows where veterans are living, when (and why) they separated from the ADF, their wellbeing status and service usage across a range of domains would be useful. This data would help ensure the needs of veterans are considered during service design, commissioning and delivery.
 - At the individual level – the ability for someone’s veteran’s status to be known when they present to services across a range of wellbeing domains, such as health and housing would also be useful. This would help the service provider make sure the veteran receives a tailored service, where available, and enable referral to specialist veteran support services and programs, including connection to Veterans’ and Families’ Wellbeing Hubs.
550. We discuss system-wide issues related to collecting, sharing and use of data by Defence and DVA in Chapter 29, Use of data and research by Defence and DVA. We recommend establishing a National Veterans Data Asset (Recommendation 107), which could be linked to other datasets and provide a detailed demographic picture of the veteran population. For example, once established, this could provide state and territory governments with a comprehensive picture of where veterans who separated involuntarily from the ADF are living, when they separated, their current health status and their engagement with services provided or funded by governments.
551. However, as this data would be de-identified, it would not enable states and territories to contact veterans directly or ‘flag’ their veteran status in state-based service systems. In our view, making data available in this way requires close consideration of privacy and consent issues.
552. As it is in contexts of housing and incarceration, individual states and territories are progressing initiatives to do with data collection and sharing, and working together to share lessons learnt. However, in the absence of a national agreement with clear actions and funding commitments, supported by the Australian Government, progress is likely to continue to be slow.

553. We therefore consider that improving data collection and sharing to support veteran wellbeing should be a key priority under the new national funding agreement. In particular, a process to gain individual consent from veterans who separate involuntarily for medical or other reasons (and other cohorts at higher risk of suicide and suicidality) to provide their personal data to state and territory governments to ensure they can receive tailored support and referrals to veteran-specific services, including Veterans' and Families' Hubs.

Recommendation 88: Develop a national funding agreement on veterans' wellbeing

A national funding agreement on veterans' wellbeing should be developed, with immediate focus on the following priorities:

- (a) improving outcomes for veterans who are experiencing homelessness, including a long-term investment framework that supports capital and operational expenditure for veteran-specific housing and the provision of wraparound services
- (b) supporting veterans who are incarcerated, both during and after their incarceration
- (c) facilitating school enrolments for children of serving members, without requiring a confirmed address
- (d) developing networks of health care for veterans (see Recommendation 72)
- (e) obtaining individual consent from veterans who separate involuntarily for medical or other reasons (and other cohorts at higher risk of suicide and suicidality) to provide their personal data to state and territory governments to ensure they can receive tailored support and referrals to veteran-specific services, including Veterans' and Families' Hubs.

24.6.2 DVA and the ESO sector

554. Ex-service organisations (ESOs) are connected to the veteran community, understand their needs and are generally highly trusted. Strong collaborative relationships between DVA and ESOs, and within the ESO sector, would ensure that veterans' needs and preferences are clearly communicated and services are designed and delivered accordingly. However, the number of ESOs and diversity of the sector can make collaboration difficult.

Collaboration between DVA and ESOs is challenging

555. The significant growth in ESOs has presented both opportunities and challenges. On the one hand, as Major General Andrew Hocking (Retd) stated, it offers:

more choice of service providers, an increased likelihood that veterans can find support services in proximity to their geographic local, a general increase in public goodwill and access to funding, and an increase in what some veterans consider more agile, innovative and responsive support.⁵⁰⁶

556. DVA has also acknowledged the important role played by ESOs and that they are ‘the original peer support system for veterans’. On the other hand, however, DVA said that the proliferation and fragmentation of the sector can detract from coordination and adds to system complexity.⁵⁰⁷

557. DVA told us that the ESO sector lacks a unified voice and comprises organisations that:

vary greatly in their purpose, membership, size and service offering. They largely operate almost entirely independently from each other. This has impeded the sector’s ability to work collectively and act as an equal partner with government in the delivery of veteran and family support. There are disparate perspectives on common issues and on priorities in terms of greatest needs within the defence and veteran communities. The voices of younger veterans and female veterans are often missing from the conversations.⁵⁰⁸

The National Consultation Framework is being reviewed

558. DVA’s formal engagement with ESOs occurs through the National Consultation Framework (NCF). Launched in 2009, the NCF is a consultative structure designed to facilitate communication between the veteran community, the Repatriation and Military Rehabilitation and Compensation Commissions and DVA.⁵⁰⁹ It is intended to provide a forum for DVA to listen to ESOs in a way that can inform its service delivery, policies and programs.⁵¹⁰

559. The NCF is made up of six constituent parts, one of which is the Ex-Service Organisation Round Table (ESORT). ESORT was established as a high-level strategic forum to address issues affecting the defence and veteran community and to strengthen DVA’s engagement with it. The Secretary of DVA is the chair of ESORT and the forum brings together representatives from a number of national ESOs.

560. The current membership of ESORT comprises the national presidents (or equivalents) of the following national organisations:

- Royal Australian Air Force Association
- Australian Peacekeepers and Peacemakers Veterans Association Inc.
- Australian Special Air Service Association

- Defence Families Australia
- Defence Force Welfare Association
- Defence Reserves Association
- Legacy Australia Inc.
- Naval Association of Australia
- Partners of Veterans' Association
- Royal Australian Regiment Corporation
- Returned and Services League of Australia
- Australian Federation of Totally and Permanently Incapacitated Ex-Servicemen and Women
- Vietnam Veterans Association of Australia
- Vietnam Veterans Federation of Australia
- Australian War Widows Inc.
- all members of the Repatriation and Military Rehabilitation and Compensation Commissions.⁵¹¹

561. We have been informed that many people and organisations in the broader veteran community consider that ESORT does not provide adequate representation. In particular, we have heard concerns that the voices of younger veterans and smaller ESOs are under-represented.⁵¹²

562. The President of Young Veterans said:

the forum ... that they currently have is not a fair representation of all veterans and their families and that's why there's a lack of trust, because there is a large majority of veterans and their families who are not represented in those forums.⁵¹³

563. DVA consults with the broader ESO sector every three years to assess the effectiveness of the NCF, at which time the membership of ESORT is also re-assessed.⁵¹⁴

564. DVA commissioned a review of the NCF in 2019–20, which included a survey produced by ORIMA Research. We sought to access the 2019–20 NCF Review report; however, as at June 2024, we have not received a copy. In June 2022, the former Minister for Veterans' Affairs, the Hon Andrew Gee MP told us he had not seen any product which could have been considered the report of the 2019–20 NCF Review prior to leaving that role in May 2022.⁵¹⁵

565. We find it unsatisfactory that DVA:

- did not produce or publish the 2019–20 NCF Review
- provided no recommendations to the then Minister for Veterans' Affairs based on the findings of the work completed by ORIMA Research.

566. Due to these shortcomings, we have relied on the findings of the survey conducted by ORIMA Research, some of which bring into question whether the NCF is fit for purpose. The research found:

- Fewer than half (41%) of respondents said they found the NCF to be fully or somewhat representative of the community of former serving members.⁵¹⁶
- Fewer than one-third (32%) of respondents considered the NCF structure 'mostly' allows for the consideration of issues in the ex-service community.⁵¹⁷

567. The data obtained by ORIMA Research was provided to ESORT in November 2021. The briefing for the Secretary of DVA in her capacity as chair of ESORT stated that the findings indicate that the NCF structure 'is no longer fit for purpose and requires refreshment'.⁵¹⁸

568. We agree and note that the Commonwealth has 'acknowledged that the current arrangements do not represent the diversity of the veteran and family community'.⁵¹⁹

569. In a submission to the Royal Commission, the Warragul sub-branch of the Returned and Services League (RSL) said:

Government and DVA point to ESORT as the platform to discuss matters, but as the minutes indicate; the meetings are a policy statement 'dumps' from DVA and there is record to show that robust discussion is not only eschewed but used as an excuse for intimidatory behaviour. Candid opinion is not desired or practiced.⁵²⁰

570. RSL Australia's submission echoes this:

DVA's current consultation with ESOs is ineffective at best, and a cynical exercise at worst – seen by many ESOs as a box-ticking exercise ... DVA consultation cannot be limited to a short speaking slot during ... ESORT, which functions as a public service announcement forum for DVA, rather than a consultative forum for proper discussion of issues and with accountability for action.⁵²¹

571. In contrast to the ORIMA survey results and submissions we received, DVA has told us that the relationship between DVA and ESOs is ‘generally productive, collaborative and effective’.⁵²² However, DVA has said it is aware of issues, including:

- a lack of a unified voice from the veteran sector
- difficulty obtaining consensus from the sector about important and complex policy matters including legislative reform and a future advocacy model
- NCF forums such as ESORT being limited to national ex-service organisations.⁵²³

572. In March 2024, the DVA Secretary Ms Frame told us that some changes to the NCF had been made, including establishing two separate forums dedicated to female veterans and veterans’ families.⁵²⁴ In June 2024, DVA confirmed that the next review of the NCF was underway, focusing on:

- the effectiveness of the existing NCF structure in facilitating communication and consultation between DVA and the broader veteran, family and serving community
- proposals for alternative forum structures and advisory mechanisms
- the NCF’s ongoing capacity to represent the needs of the broader community, individuals and families
- innovative ways to consult veterans, families and the broader community.⁵²⁵

573. We urge DVA to publish the results of the review when it is complete.

574. DVA told us the review is scheduled to be complete by the end of 2024, ‘with new arrangements to be in place by July 2025’. We urge DVA to publish the outcomes of the review.⁵²⁶

A peak body for ex-service organisations is needed

575. Beyond improvements to the Ex-Service Organisation Round Table (ESORT) and the National Consultation Framework (NCF), DVA also considered that establishing a peak body would improve collaboration with the ESO sector.⁵²⁷

576. In DVA’s view, establishing an independent peak body for ESOs ‘would represent a significant opportunity to further serve veterans and families’.⁵²⁸ We agree, and fully support the establishment of a peak body for ESOs. This would deliver a range of benefits including more effective consultation and collaboration between DVA and the ESO sector, as well as within the sector itself, and improve information and service quality for veterans.

577. If an ESO wishes to register as a charity under the *Australian Charities and Not-for-profits Commission Act 2012* (Cth), they are required to meet registration criteria including compliance with governance standards.⁵²⁹ If an organisation aiming to provide services to the veteran community is not seeking to be a registered

charity, however, there are no requirements or quality assurance mechanisms they must adhere to. We acknowledge that ESOs may nevertheless be subject to various regulatory requirements under Commonwealth, state and territory laws, and funding agreements depending on their legal structure and other matters.

578. Our point, however, is that ESOs are not required to be accredited or to meet quality assurance standards in delivering their services. In effect, this means that anyone can establish an ESO at any time. As one submission author wrote:

The ESO sector is not required to prove the impact of their activities, as there are no formal regulations or service standards in place. There is nowhere to go for support when things go wrong as they answer only to themselves. There is no higher authority governing these services.⁵³⁰

579. Similar concerns were raised by Ms Julie-Ann Finney, mother of former Navy Petty Officer David Finney who died by suicide in 2019.⁵³¹

580. In our final block of public hearings, the NSW Minister for Veterans, the Hon David Harris MP expressed confidence that ESOs ‘want to work in the best interests of their clients’ but said there may be ‘difference[s] in experience and knowledge of systems which can impact that assistance’.⁵³² We also heard from Lieutenant General Fox who shared her view that ESOs are ‘not necessarily sustainable and need some quality assurance’.⁵³³

581. The enthusiasm and goodwill of the vast majority of ESOs is important, but more could be done to ensure they offer an acceptable standard of quality to veterans and their families. For example, one submission suggested that:

A national policy (charter) which defines what an ESO is [and] what it can do is required.

While the people who manage some of these organisations are to be commended [for] their enthusiasm, the vast majority have no formal qualifications in mental health, rehabilitation or medical support. However, the lack of policy allows them to establish an ESO. The current situation allows for some ESOs to provide incorrect advice to veterans who are facing particular issues.

A national standard for ESOs should be developed that should define what an ESO must have in terms of qualifications and experience.⁵³⁴

582. In the United Kingdom, the Confederation of Service Charities (Cobseo) is a membership-based organisation representing the armed forces community. Membership of Cobseo requires an organisation to ‘demonstrate good governance and practice’ which provides a degree of quality assurance for veterans who engage with them.⁵³⁵

583. With such a large ESO sector in Australia providing many different services and supports to veterans and their families, veterans should have a way of identifying organisations easily and knowing whether they have undergone some form of quality assessment. Establishing a peak body with membership criteria tied to minimum service standards would achieve this.

584. Mr Isaac Ohlin from RSL Australia agrees:

I think the idea behind how a peak body could support its members ... is to get them engaged with those service standards, make sure that they are meeting their service standards in a particular sector ... I don't think it would be a regulatory role, in fact, I'm almost certain it wouldn't [be], but it's more [about] assisting them to get to the right guidelines, to get to the right support that they would need to meet those service standards.⁵³⁶

585. During the course of this Royal Commission, many individuals, organisations, and state and territory governments have expressed their support for establishing a national peak body for ESOs.⁵³⁷ For example, in a submission to the Royal Commission, the NSW Government stated that:

a peak body could assist in effective engagement on behalf of the veteran's community. This peak body would only allow members that have minimum service standards and appropriate levels of governance. It would also help ensure better governance across the sector, improved oversight and alignment of priorities. Ultimately this could aid in the development of a strong, representative ESO community which may be better able to optimise support to current and future generations of veterans and their families.⁵³⁸

586. Proposals to establish a peak body have been considered for some time.⁵³⁹ In 2017, the then Minister for Veterans' Affairs called for a body to better serve all veterans:

In other countries, veterans' organisations have united together into a national confederation or association, with the varied and differing needs of each group within the community putting forward their needs through a single body. I believe it is time that veterans' organisations create a similar body in Australia.⁵⁴⁰

587. We are not advocating for a single voice for the sector, nor are we looking to diminish or exclude any of the small or large organisations that may see no benefit in aligning themselves with a peak body. We acknowledge the importance of diversity in the sector and understand that it carries many experiences and opinions. Rather, we wish to assist the sector to have a strong and representative voice in conversations at the state/territory and federal government levels, and assist veterans to assess the quality and reliability of ESO offerings.

588. The Hon Matt Keogh, Minister for Defence Personnel and Minister for Veterans' Affairs told us:

I think government would be greatly benefited, and not just at a federal level but state levels as well, by there being an organisation that's able to bring together disparate views and convey them in a consolidated way to government. I don't ... see that as [having] a monopoly on veteran views.⁵⁴¹

589. Ms Emma Whitehead, CEO of ex-service organisation Mates4Mates agrees:

I think this is a really opportune time for us to put some support and rigour around this community to improve collaboration, both on an ESO-to-ESO level, to make it easier for people to navigate the system, but also to make it easier for government to communicate and connect with the sector more broadly.⁵⁴²

590. A number of previous inquiries have considered the need for a peak body, national confederation or association to represent ESOs and the broad interests of veterans, and recommended establishing a peak body or equivalent.⁵⁴³

591. More recently, over 70 ESOs participated in a series of national forums facilitated by RSL Australia and RSL state branches to identify and address current and future challenges and consider calls for a peak body.⁵⁴⁴ The forum organisers stated:

[t]he ESO Sector asks the Royal Commission to make use of all the mechanisms available to it to support and further the sector's work to establish an independent ESO Peak Body that will create a collective voice for the sector and the veteran community, enable future work to develop an ESO Code of Conduct and setting Service Standards, and strengthen communication, engagement and representation on behalf of veterans and their families. This includes asking the Royal Commission to take action to recommend the Australian Government, and other stakeholders, to support and invest in the establishment of an ESO Peak Body in order to deliver better outcomes for veterans and their families.⁵⁴⁵

592. In a sector which has at times faced disagreements and rifts between organisations, a forum such as this represents a powerful collective endorsement. Mr Peter Kennedy, President of Younger Veterans, explained:

We've had three national ESO forums now. For the first time ever, a majority of the ESO sector has finally got together in a collaborative approach and have all agreed that we need change.⁵⁴⁶

593. Similarly, Mr Garth Callender, Chair of Bravery Trust said:

having been involved in Defence for nearly three decades and in the veteran space specifically for nearly 10 years now, I've never seen a time when there's been a greater appetite for collaboration and cooperation across the ESO sector.⁵⁴⁷

594. A report on the forums' outcomes stated 'consensus was reached on the following items':

- (1) The initial categories for an ESO Classification System – founded on service outputs to help simplify access, understanding and connection for service users and providers.
- (2) Alignment to establish an ESO Peak Body to increase the professionalism and provide an amplified voice for the ESO sector.
- (3) The initial operational, governance and membership settings for the ESO Peak Body
 - (a) A small to medium sized organisation, 3–6 full-time staff, to deliver a defined portfolio of work in the first 18 months of operation
 - (b) The peak entity itself to adopt the Australian Charities and Not-for-profits Commission (ACNC) Governance Standards
 - (c) Use the ESO Classification System to organise membership
- (4) Invite the Australian government to support an independent business case build on this response, inform the ESO Peak Body blueprint and an implementation plan.
- (5) Invite the Australian Government to partner in the establishment of the ESO Peak Body.

Further agreement determined that the ESO Peak Body must be independent, from government and any single ESO, and [would] not act as a regulator for the sector.⁵⁴⁸

595. We are very grateful to the forum organisers and participants for their work, as well as for the productive engagement we have had with the ESO sector over the course of our inquiry. We are conscious that the sector is vast, with a range of views that may differ from those expressed and agreed upon during the forum. It is important that a broad and diverse range of views continues to inform this work. For example, state and territory governments have also identified other potential functions of a peak body, including:

- training and capacity building to enhance organisations' skills and knowledge in delivering effective services and supports to veterans and their families
- governance advice to help member organisations operate more effectively and efficiently
- conducting and/or using research and data to help identify gaps in services and formulate evidence-based policies and practices
- coordinating efforts between member organisations.⁵⁴⁹

596. The Minister for Defence Personnel and Minister for Veteran Affairs, the Hon Matt Keogh MP said:

my sense is that people don't want to see an existing body ... assume the mantle of being the peak body ... [A]s I have ... alluded to before, you need to make sure that whatever the governance decision-making policy structures are within that organisation, [they] provide a mechanism to reflect the breadth of views across the veteran community in Australia. And if that's not there ... I think it's very difficult to get buy-in from organisations and for the veteran community to feel like that organisation is representing their views accurately ... related to that is ensuring that no one group or cohort dominate the body.⁵⁵⁰

597. The DVA Secretary Ms Frame emphasised the need for an inclusive model, saying:

I think there needs to be a really significant discussion around how we might mitigate risk and ensure that there's maximum inclusion in any peak body and how its governance structures can enable that.⁵⁵¹

598. In February 2024, DVA told us it intended to 'engage a consultancy to develop a business case for the establishment of an ESO peak body'.⁵⁵² As at June 2024 this had been progressed, and DVA was 'developing options for an ESO peak body in a collaborative effort driven by the ESO sector'.⁵⁵³

599. We welcome the advancement of this important work. We do not consider it our role to prescribe the peak body's role, functions, membership, governance or funding model. These should be co-designed with the ESO sector, agreed upon with DVA, and informed by the business case currently underway.

600. Noting the difference in size and resources of various ESOs, the funding model should not exclude any eligible ESOs from participating, particularly those who operate on a not-for-profit basis. We recognise that there are a number of ways to achieve this, including government funding and/or subsidies from larger for-profit members (as occurs in the UK model). Regardless of which model is adopted, the peak body should operate independently from government to ensure it can effectively represent the views of the ESO sector.

Recommendation 89: Establish a national peak body for ex-service organisations

The Australian Government, in consultation with ex-service organisations (ESOs), should establish a national peak body for ESOs following a co-design process.

The role, functions, membership, governance and funding model of the peak body should be informed by the outcomes of the business case, and agreed between the Department of Veterans' Affairs and the ESO sector. The funding model should not exclude participation of any eligible ESOs, particularly those who operate on a not-for-profit basis.

Annexure 24.1 State and territory governments' support for veteran wellbeing

The following table is not intended to be a comprehensive list of all wellbeing initiatives, and does not include the subsidies, community grants programs or commemorative activities that states and territories provide to recognise veterans' service.

Table A1 State and territory initiatives to support veteran wellbeing

Jurisdiction	Initiative
Health	
Tasmania	<p>The Veteran Wellbeing Voucher provides \$100 towards the cost of participating in gyms and sporting clubs.⁵⁵⁴</p> <p>There is funding support for the Veteran Retreat, a former Parks and Wildlife shack that has been repurposed for use by veterans.⁵⁵⁵</p>
New South Wales	<p>COPE Pilot Program Evaluation: In partnership with NSW Health and the Department of Communities and Justice, The Buttery's COPE residential program integrates evidence-based treatments for post-traumatic stress and substance use disorders, tailored for veterans.</p> <p>A 12-month external evaluation into the effectiveness of the program commenced in April 2022.⁵⁵⁶</p>
Education and Skills	
Australian Capital Territory	<p>There is a school-based apprenticeship position for a family member of a serving or ex-serving member.⁵⁵⁷</p>
New South Wales	<p>Ranks to Recognition provides a wraparound service including career advice, skills assessment, credit transfer, recognition of prior learning and training gap analysis to help identify the skills and knowledge acquired in the ADF and the pathway to civilian qualifications.⁵⁵⁸</p> <p>Veterans Teaching STEM continues to tailor the Mid-Career Transition to Teaching Program as a pathway for veterans to become STEM teachers in New South Wales schools.</p> <p>Veterans Skills Program is fully funded and subsidised training offered by the New South Wales and Australian governments to support veterans to learn new skills and gain qualifications to help them find the right job. The program is open to veterans and their partners through registered training organisations including TAFE NSW.</p> <p>Work with New South Wales universities to identify and promote ways to expand existing pathways for veterans and their partners.⁵⁵⁹</p>
South Australia	<p>Explore opportunities and support the Department for Education to better identify and meet the needs of ADF and veteran children within the education system.</p> <p>Engage with the Department for Education to advocate for flexibility in school zoning for Defence families.⁵⁶⁰</p>
Western Australia	<p>Work with training and educational institutions to provide transition pathways for veterans' skill enhancement.⁵⁶¹</p>

Jurisdiction	Initiative
Housing	
New South Wales	<p>Rent Choice Veterans partners with RSL LifeCare to support eligible veterans and their families who are experiencing or at risk of homelessness to:</p> <ul style="list-style-type: none"> • find or retain a lease for a private rental property • pay a subsidy towards the rent for up to 3 years • gain skills and work opportunities to help sustain a tenancy and achieve housing independence in the private rental market. <p>Link2Home Veterans and Ex-Service provide veterans and ex-service personnel who are homeless or at risk of homelessness with a dedicated 24/7 state-wide information and telephone referral service that offers:</p> <ul style="list-style-type: none"> • information about local services • an assessment to determine what help is needed • referrals including to homelessness and support services, veterans' services, temporary accommodation, or a community housing provider.⁵⁶²
Social support and connection	
South Australia	<p>Commitment to create a resource to educate the community about Defence life and its impact on families and children.⁵⁶³</p> <p>12-month pilot of a regional outreach program to connect veterans in regional areas with support services and increase their awareness of available support.⁵⁶⁴</p>
New South Wales	<p>Publish resources that welcome and support the children of veterans in NSW Government school communities.⁵⁶⁵</p>
Employment	
Australian Capital Territory	<p>ACT Public Service Veterans Employment Strategy includes a mentoring program and provides networking opportunities.⁵⁶⁶ It has received the Prime Minister's Veterans' Employment Award, and increased the number of ACT public servants who identified as veterans from 35 in 2017 to 189 in 2020.⁵⁶⁷</p>
Tasmania	<p>Tasmanian Veterans' Employment Strategy 2023–2027 has an aspirational target of employing 100 more veterans in the Tasmanian public service. It includes mentoring and networking programs, and explores opportunities with DVA to support work trials for veterans returning to work after illness or injury.⁵⁶⁸</p>
Queensland	<p>The Queensland Public Service Veterans' Employment Pathway provides mentoring and networking support, and assistance for hiring managers to translate ADF ranks into public service roles.⁵⁶⁹</p>
The North Territory	<p>Developing a Jobs Board to connect industry and the veteran community.</p> <p>Veterans' Employment Working Group includes a range of stakeholders to promote employment opportunities and develop initiatives to support veterans' employment.⁵⁷⁰</p>
South Australia	<p>Exploring the viability of developing a veteran employer network.⁵⁷¹</p> <p>Piloted the establishment of work trials across the state government sector for DVA vocational rehabilitation program participants.⁵⁷²</p> <p>Supporting the professional development of South Australian veterans through a second Veterans' Mentoring Program.⁵⁷³</p>

Jurisdiction	Initiative
New South Wales	<p>Veterans Employment Program supports veterans with tools to help them apply for roles in the public service and support for hiring managers.</p> <p>Veterans Teach at TAFE develops transition pathways for veterans to explore working as TAFE teachers.</p> <p>Preferred Employers: Local Government Employment Initiative builds on the existing 'Rank to Grade Guide' for local government and works to promote local councils as veterans' employers of choice. It encourages local governments to record veteran status in employment records to enable the baseline measurement and evaluation of veteran employment initiatives.⁵⁷⁴</p>
Victoria	<p>The Victorian Public Sector Veteran Employment Strategy was initiated in 2017 with a target to employ 1,500 veterans by June 2025. The target was achieved in April 2024, and was increased to 1,800 by June 2025. The strategy includes employment workshops, mentoring and networking support.⁵⁷⁵</p>
Justice and safety	
South Australia	<p>The Veteran Staff, Prisoners and Offenders Strategy and Action Plan 2021–25 is intended to achieve the following outcomes for veteran prisoners and offenders:</p> <ul style="list-style-type: none"> • to feel comfortable disclosing their veteran status • to be supported to manage the impacts of service (such as trauma) • to successfully transition back to community on release • to be less likely to reoffend and desist from crime long term • to connect to and receive support from veteran support agencies.⁵⁷⁶
New South Wales	<p>If veterans in corrective services' facilities have disclosed prior ADF service and consented to this being confirmed by the Department of Defence, they can be provided information on DVA entitlements and referred to relevant agencies and ESOs for support.⁵⁷⁷</p>

Endnotes

- 1 Commonwealth of Australia, Letters Patent, 8 July 2021.
- 2 Exhibit 31-01.002, Hearing Block 4, Department of Veterans' Affairs, DVA Background Paper to DVSRC, September 2021, EXP.0004.0020.0233 at 0234.
- 3 Australian Bureau of Statistics, *Service with the Australian Defence Force: Census*, June 2022 (Exhibit 101-03.058, Hearing Block 12, STU.0000.0004.0219).
- 4 Australian Bureau of Statistics, *Characteristics of previous Australian Defence Force personnel*, October 2022 (Exhibit VV-01.026, DVS.6666.0001.6270).
- 5 Australian Bureau of Statistics, *Characteristics of previous Australian Defence Force personnel*, October 2022 (Exhibit VV-01.026, DVS.6666.0001.6270).
- 6 Australian Bureau of Statistics, *Service with the Australian Defence Force: Census*, June 2022 (Exhibit 101-03.058, Hearing Block 12, STU.0000.0004.0219).
- 7 Department of Defence, *Annual Report 2022–23*, 2023, pp 100–102 (Exhibit I-01.004, DVS.2222.0001.5087).
- 8 Exhibit 20-03.108, Hearing Block 3, Department of Veterans' Affairs, Response to Notice to Produce, Wellbeing – Whole of Life Framework (Draft), NTP-DVA-026, DVA.0010.0001.1751 at 1756.
- 9 Transcript, Kate Pope, Hearing Block 3, 15 March 2022, p 21-1969 [10–13].
- 10 Exhibit 20-03.108, Hearing Block 3, Department of Veterans' Affairs, Response to Notice to Produce, Wellbeing – Whole of Life Framework (Draft), NTP-DVA-026, DVA.0010.0001.1751 at 1761–1762.
- 11 Australian Institute of Health and Welfare, *Understanding the wellbeing characteristics of ex-serving ADF members*, September 2022, p 2 (Exhibit L-01.112, DVA.5057.0001.1053) (citations omitted).
- 12 Australian Institute of Health and Welfare, *Health of veterans*, January 2023, p 1 (Exhibit 18-02.018, Hearing Block 3, ABS.0001.0001.0067).
- 13 Australian Institute of Health and Welfare, *Health of veterans*, January 2023, pp 12–13 (Exhibit 18-02.018, Hearing Block 3, ABS.0001.0001.0067) (citations omitted and emphasis added).
- 14 Australian Institute of Health and Welfare, *Health of veterans*, January 2023, p 11 (Exhibit 18-02.018, Hearing Block 3, ABS.0001.0001.0067).
- 15 Australian Institute of Health and Welfare, *Health of veterans*, January 2023, p 13 (Exhibit 18-02.018, Hearing Block 3, ABS.0001.0001.0067) (citations omitted and emphasis added).
- 16 Australian Institute of Health and Welfare, *Health of veterans*, January 2023, p 18 (Exhibit 18-02.018, Hearing Block 3, ABS.0001.0001.0067) (citations omitted and emphasis added).
- 17 Australian Bureau of Statistics, *Characteristics of previous Australian Defence Force personnel*, October 2022 (Exhibit VV-01.026, DVS.6666.0001.6270) (emphasis added).
- 18 Australian Bureau of Statistics, *Characteristics of previous Australian Defence Force personnel*, October 2022 (Exhibit VV-01.026, DVS.6666.0001.6270) (emphasis added).
- 19 Australian Bureau of Statistics, *Characteristics of previous Australian Defence Force personnel*, October 2022 (Exhibit VV-01.026, DVS.6666.0001.6270) (emphasis added).
- 20 Australian Bureau of Statistics, *Characteristics of previous Australian Defence Force personnel*, October 2022 (Exhibit VV-01.026, DVS.6666.0001.6270) (emphasis added).
- 21 Australian Institute of Health and Welfare, *Understanding the wellbeing characteristics of ex-serving ADF members*, September 2022, p 2 (Exhibit L-01.112, DVA.5057.0001.1053) (emphasis added).
- 22 Australian Institute of Health and Welfare, *Understanding the wellbeing characteristics of ex-serving ADF members*, September 2022, p 13 (Exhibit L-01.112, DVA.5057.0001.1053).
- 23 Australian Institute of Health and Welfare, *Veteran social connectedness*, October 2023, p 2 (Exhibit L-01.111, DVA.0036.0002.0001) (citations omitted and emphasis added).
- 24 Alan Currie, Submission, ANON-Z1E7-Q86E-B, p [2].
- 25 Michael Connolly, Submission, p [2]. ANON-Z1E7-Q1GE-N.
- 26 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0029.

- 27 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0029.
- 28 Australian Institute of Health and Welfare, *Understanding the wellbeing characteristics of
ex-serving ADF members*, September 2022, p 12 (Exhibit L-01.112, DVA.5057.0001.1053).
- 29 Australian Institute of Health and Welfare, *Understanding the wellbeing characteristics of
ex-serving ADF members*, September 2022, p 15 (Exhibit L-01.112, DVA.5057.0001.1053).
- 30 Australian Bureau of Statistics, Position Paper – ABS Review of Counting the Homeless
Methodology, Aug 2011 (Exhibit ZZ-01.050, DVS.7777.0001.1667)
- 31 Australian Institute of Health and Welfare, *Health of veterans*, January 2023, p 4
(Exhibit 18-02.018, Hearing Block 3, ABS.0001.0001.0067).
- 32 Australian Institute of Health and Welfare, *Specialist homelessness services annual report
2022–23*, February 2024, p 91 (Exhibit VV-01.045, DVS.6666.0001.6801).
- 33 Australian Institute of Health and Welfare, *Specialist homelessness services annual report
2022–23*, February 2024, pp 91–92 (Exhibit VV-01.045, DVS.6666.0001.6801).
- 34 Australian Institute of Health and Welfare, *Specialist homelessness services annual report
2022–23*, February 2024, p 92 (Exhibit VV-01.045, DVS.6666.0001.6801).
- 35 Department of Veterans' Affairs, Homelessness Support, webpage, last updated
12 March 2024, [www.dva.gov.au/get-support/financial-support/income-support/help-
buy-property-or-find-accommodation/homelessness-support#w](http://www.dva.gov.au/get-support/financial-support/income-support/help-buy-property-or-find-accommodation/homelessness-support#w), viewed 18 June 2024
(Exhibit VV-01.033, DVS.6666.0001.6600).
- 36 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 120
(Exhibit 01-01.010, Hearing Block 1, INQ.0000.0001.2299); Exhibit V-01.004, Department of
Veterans' Affairs, Response to Notice to Produce, NTP-DVA-001, *Homelessness amongst
Australian veterans: summary of project findings*, Australian Housing and Urban Research
Institute, May 2019, DVA.0001.0001.1623 at 1632 (citations omitted).
- 37 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 120
(Exhibit 01-01.010, Hearing Block 1, INQ.0000.0001.2299).
- 38 Exhibit V-01.004, Department of Veterans' Affairs, Response to Notice to Produce,
NTP-DVA-001, *Homelessness amongst Australian veterans: summary of project findings*,
Australian Housing and Urban Research Institute, May 2019, DVA.0001.0001.1623 at 1630.
- 39 Exhibit V-01.004, Department of Veterans' Affairs, Response to Notice to Produce,
NTP-DVA-001, *Homelessness amongst Australian veterans: summary of project findings*,
Australian Housing and Urban Research Institute, May 2019, DVA.0001.0001.1623 at 1632
(citations omitted).
- 40 B Wadham and others, *Research into experiences of ex-serving Australian Defence Force
(ADF) personnel in corrective services systems in Australia*, commissioned by the Department
of Veterans' Affairs, October 2023 (Exhibit VV-01.063, DVA.5067.0001.0199).
- 41 B Wadham and others, *Research into experiences of ex-serving Australian Defence Force
(ADF) personnel in corrective services systems in Australia*, commissioned by the Department
of Veterans' Affairs, October 2023, p iii (Exhibit VV-01.063, DVA.5067.0001.0199).
- 42 B Wadham and others, *Research into experiences of ex-serving Australian Defence Force
(ADF) personnel in corrective services systems in Australia*, commissioned by the Department
of Veterans' Affairs, October 2023, pp v–vi (Exhibit VV-01.063, DVA.5067.0001.0199).
- 43 B Wadham and others, *Research into experiences of ex-serving Australian Defence Force
(ADF) personnel in corrective services systems in Australia*, commissioned by the Department
of Veterans' Affairs, October 2023, p iv (Exhibit VV-01.063, DVA.5067.0001.0199).
- 44 B Wadham and others, *Research into experiences of ex-serving Australian Defence Force
(ADF) personnel in corrective services systems in Australia*, commissioned by the Department
of Veterans' Affairs, October 2023, p vi (Exhibit VV-01.063, DVA.5067.0001.0199).
- 45 B Wadham and others, *Research into experiences of ex-serving Australian Defence Force
(ADF) personnel in corrective services systems in Australia*, commissioned by the Department
of Veterans' Affairs, October 2023, p v (Exhibit VV-01.063, DVA.5067.0001.0199).
- 46 T Varker and others, *ADF members and ex-members suicide literature review: An update*,
commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023,
pp 30, 44 (Exhibit L-01.026, DVS.2222.0001.0531).
- 47 Australian Institute of Health and Welfare, *Serving and ex-serving Australian Defence Force
members who have served since 1985: suicide monitoring 1997 to 2020*, 2022, p 48, 55
(Exhibit 69-03.022, DEF.1167.0004.0136).

- 48 Australian Institute of Health and Welfare, *Socioeconomic characteristics of ex-serving ADF members who died by suicide*, October 2022 (Exhibit 55-01.011, Hearing Block 8, DVS.0008.0001.0229).
- 49 T Varker and others, *ADF members and ex-members suicide literature review: An update*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, pp 3, 28–30 (Exhibit L-01.026, DVS.2222.0001.0531).
- 50 T Varker and others, *ADF members and ex-members suicide literature review: An update*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, p 29 (Exhibit L-01.026, DVS.2222.0001.0531).
- 51 T Varker and others, *ADF members and ex-members suicide literature review: An update*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, p 30 (Exhibit L-01.026, DVS.2222.0001.0531).
- 52 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 260 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 53 Name withheld, ANON-Z1E7-QEF7-T, p [1–3] of supplementary material.
- 54 Name withheld, Submission, ANON-Z1E7-QEF7-T, p [2].
- 55 Department of Veterans' Affairs, *Corporate Plan 2023–24*, 2023 p 17 (Exhibit F-04.074, DVS.1111.0001.2449).
- 56 Exhibit 86-01.001, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-112, DVA.9999.0121.0047 at 0049.
- 57 Department of Veterans' Affairs, *Corporate Plan 2023–24*, 2023, p 17 (Exhibit F-04.074, DVS.1111.0001.2449).
- 58 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 5 (Exhibit 01-01.010, Hearing Block 1, INQ.0000.0001.2299).
- 59 Exhibit 20-03.108, Hearing Block 3, Department of Veterans' Affairs, Response to Notice to Produce, Wellbeing – Whole of Life Framework (Draft), NTP-DVA-026, DVA.0010.0001.1751 at 1754 (emphasis in original).
- 60 Exhibit 20-03.108, Hearing Block 3, Department of Veterans' Affairs, Response to Notice to Produce, Wellbeing – Whole of Life Framework (Draft), NTP-DVA-026, DVA.0010.0001.1751 at 1755.
- 61 Exhibit 20-03.108, Hearing Block 3, Department of Veterans' Affairs, Response to Notice to Produce, Wellbeing – Whole of Life Framework (Draft), NTP-DVA-026, DVA.0010.0001.1751 at 1758.
- 62 Transcript, Kate Pope, Hearing Block 3, 15 March 2022, p 21-1959 [4–35].
- 63 Exhibit 20-03.108, Hearing Block 3, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-026, Wellbeing – Whole of Life Framework (Draft), DVA.0010.0001.1751 at 1761–1762.
- 64 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0025.
- 65 Exhibit 31-01.002, Hearing Block 4, Department of Veterans' Affairs, DVA Background Paper to DVSR, September 2021, EXP.0004.0020.0233 at 0260.
- 66 Department of Veterans' Affairs, *Portfolio Budget Statements 2023-24*, Budget Related Paper number 1.4B, pp 30, 44 (Exhibit 93-02.019, Hearing Block 12, EXP.0012.0001.0225).
- 67 Transcript, Kate Pope, Hearing Block 3, 15 March 2022, pp 21-1918 [42]–21-1919 [19].
- 68 Australian Institute of Health and Welfare, *Serving and ex-serving Australian Defence Force members who have served since 1985 suicide monitoring: 1997 to 2021*, supplementary tables, table S9.1 (Exhibit EE-01.014, DVS.3333.0001.6453).
- 69 Australian Institute of Health and Welfare, *Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2021*, 2023, p 40 (Exhibit K-01.123, DVS.2222.0001.3284).
- 70 Exhibit UU-01.006, Department of Veterans' Affairs, DVA Projections – Executive Summary of DVA Beneficiaries in Receipt of Pension(s), Allowance(s) or Health Care, DVS.6666.0001.5510 at 5510.
- 71 M Van Hooff and others, *Transition and Wellbeing Research Programme Key Findings Report*, Department of Defence and Department of Veterans' Affairs, 2019, pp 2–4 (Exhibit 20-03.056, Hearing Block 3, DEF.1029.0002.0066).
- 72 Australian Government, National Defence: Defence Strategic Review, 2023, p 7 (Exhibit 63-02.002, Hearing Block 9, SSH.1001.0002.0186).

- 73 Exhibit UU-01.006, Department of Veterans' Affairs, DVA Projections – Executive Summary of DVA Beneficiaries in Receipt of Pension(s), Allowance(s) or Health Care, DVS.6666.0001.5510 at 5510.
- 74 Australian Institute of Health and Welfare, *Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2021*, 2023, p 39 (Exhibit K-01.123, DVS.2222.0001.3284).
- 75 Australian Institute of Health and Welfare, *Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2021*, 2023, p 43 (Exhibit K-01.123, DVS.2222.0001.3284).
- 76 Australian Institute of Health and Welfare, *Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2021*, supplementary tables, table S9.5 (Exhibit EE-01.014, DVS.3333.0001.6453).
- 77 Exhibit 89-02.027, Hearing Block 12, Australian Institute of Health and Welfare, Response to Notice to Give, NTG-AHW-008, Attachment A, AHW.9999.0005.0001 at Table 3.
- 78 Australian Institute of Health and Welfare, *Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2021*, 2023, p 43 (Exhibit K-01.123, DVS.2222.0001.3284).
- 79 PFLR-8.1 (States and Territories (and the interaction of the Commonwealth and Commonwealth agencies with the States and Territories), Commonwealth response), PFL.0028.0002.0001 at 0006.
- 80 Exhibit F-08.011, NSW Department of Communities and Justice, Response to Notice to Give, NTG-DCJ-004, DCJ.0004.0001.0001 at 0001; Exhibit 69-02.009, Veterans SA, Hearing Block 10, Response to Notice to Give, NTG-VSA-001, VSA.0001.0001.0001 at 0005; Transcript, Anthony Plummer, Hearing Block 11, 30 August 2023, p 78-7522 [15].
- 81 Department of Veterans' Affairs, 'Our structure', webpage, last updated 10 October 2023, www.dva.gov.au/about/overview/our-structure, viewed 18 June 2024 (Exhibit VV-01.037, DVS.6666.0001.6653).
- 82 Transcript, Daniel Andrews, Hearing Block 11, 30 August 2023, p 4-122 [6–16]
- 83 TAFE NSW, 'TAFE NSW Ranks to Recognition program', webpage, www.tafensw.edu.au/study/pathways/ranks-to-recognition, viewed 18 June 2024 (Exhibit VV-01.042, DVS.6666.0001.6747).
- 84 The Hon Jacinta Allan MP, Premier, *Helping more Victorian veterans stay in the workforce*, media release, 9 April 2024 (Exhibit VV-01.023, DVS.6666.0001.6252).
- 85 Trojan's Trek, ANON-Z1E7-Q11M-7, p [1] of supplementary material.
- 86 Australian Catholic University, *Australian Veteran Services Mapping Project*, Royal Commission into Defence and Veteran Suicide, Final Report, 2022, p 66 (Exhibit 86-01.021, Hearing Block 12, DVS.3333.0001.1289).
- 87 R Theal and others, 'Psychosocial Outcomes of Australian Male and Female Veterans Following Participation in Peer-Led Adventure-Based Therapy', *Journal of Veterans Studies*, vol 6, 2, 2020 (Exhibit 07-03.001, Hearing Block 1, TJT.0000.0001.0116); D Forbes and others, *Pathways to Care, Mental Health and Wellbeing Transition Study*, Transition and Wellbeing Research Programme, Department of Defence and Department of Veterans' Affairs, 2018 (Exhibit 20-03.042, Hearing Block 3, DEF.0001.0001.3715); Black Dog Institute, *Prevention through connection: supporting veterans to thrive when their service ends, A report on the National Suicide Prevention Trial*, November 2021 (Exhibit 34-02.017, Hearing Block 5, JOC.0000.0001.0672); M Romaniuk and others, 'Evaluation of the online, peer delivered "Post War: Survive to Thrive Program" for veterans with symptoms of posttraumatic stress disorder', *Journal of Military and Veterans' Health*, vol 27, 2, 2019, p 55 (Exhibit L-01.071, DVS.2222.0001.6192).
- 88 T Varker and others, *ADF members and ex-members suicide literature review: An update*, Royal Commission into Defence and Veteran Suicide, Research Report, 2023, pp 97–98 (Exhibit L-01.026, DVS.2222.0001.0531).
- 89 Transcript, Megan MacKenzie, Hearing Block 3, 8 March 2022, p 17-1500 [1–5].
- 90 Department of Veterans' Affairs, 'Overview of our grant programs', webpage, last updated 21 September 2023, www.dva.gov.au/about/overview/consultations-and-grants/grants-and-bursaries/overview-our-grant-programs, viewed 14 December 2023 (Exhibit L-01.062, DVS.2222.0001.6174).
- 91 Exhibit 89-02.015, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-161, DVA.9999.0144.0001 at 0010.

- 92 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0027.
- 93 The Hon Scott Morrison MP, Prime Minister and the Hon Darren Chester MP, Minister for
Veterans' Affairs, Minister Assisting the Prime Minister for the Centenary of ANZAC, Minister
for Defence Personnel, *Support for our veterans and their families*, joint media release,
24 April 2019 (Exhibit 43-01.003, Hearing Block 6, DVA.5022.0001.1313).
- 94 Department of Finance and Treasury, *Public Release of 2019 Election Commitment Costing*,
2019 (Exhibit 43-01.018, Hearing Block 6, DVA.5022.0001.1469).
- 95 Department of Veterans' Affairs, 'Veterans' and Families' Hubs', webpage, last updated
21 November 2023, [www.dva.gov.au/get-support/health-support/work-and-social-life-
programs/work-and-social-support/veterans-and-families-hubs](http://www.dva.gov.au/get-support/health-support/work-and-social-life-programs/work-and-social-support/veterans-and-families-hubs), viewed 27 November 2023
(Exhibit L-01.027, DVS.2222.0001.1404).
- 96 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0036.
- 97 Department of Veterans' Affairs, 'Veterans' and Families' Hubs', webpage, last updated
21 November 2023, [www.dva.gov.au/get-support/health-support/work-and-social-life-
programs/work-and-social-support/veterans-and-families-hubs](http://www.dva.gov.au/get-support/health-support/work-and-social-life-programs/work-and-social-support/veterans-and-families-hubs), viewed 27 November 2023
(Exhibit L-01.027, DVS.2222.0001.1404).
- 98 Department of Veterans' Affairs, 'Veterans' and Families' Hubs', webpage, last updated
21 November 2023, [www.dva.gov.au/get-support/health-support/work-and-social-life-
programs/work-and-social-support/veterans-and-families-hubs](http://www.dva.gov.au/get-support/health-support/work-and-social-life-programs/work-and-social-support/veterans-and-families-hubs), viewed 27 November 2023
(Exhibit L-01.027, DVS.2222.0001.1404).
- 99 Name withheld, Submission, ANON-Z1E7-QZKP-D, p [17].
- 100 Transcript, Luke Adamson, Hearing Block 2, 1 December 2021, p 3-309, [3–7], [26–29].
- 101 Vinay Lakra – Royal Australian and New Zealand College of Psychiatrists,
ANON-Z1E7-QZR4-R, p [11] of supplementary material.
- 102 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1,
pp 177, 292 (Exhibit 01-01.010, Hearing Block 1, INQ.0000.0001.2299).
- 103 Australian Institute of Health and Welfare, *Specialist homelessness services annual report
2022–23*, February 2024, p 92 (Exhibit VV-01.045, DVS.6666.0001.6801).
- 104 Australian Institute of Health and Welfare, *Specialist homelessness services annual report
2022–23*, February 2024, pp 91–92 (Exhibit VV-01.045, DVS.6666.0001.6801).
- 105 Exhibit V-01.004, Department of Veterans' Affairs, Response to Notice to Produce,
NTP-DVA-001, *Homelessness amongst Australian veterans: summary of project findings*,
Australian Housing and Urban Research Institute, May 2019, DVA.0001.0001.1623 at 1633
(citations omitted and emphasis added).
- 106 Exhibit V-01.004, Department of Veterans' Affairs, Response to Notice to Produce,
NTP-DVA-001, *Homelessness amongst Australian veterans: summary of project findings*,
Australian Housing and Urban Research Institute, May 2019, DVA.0001.0001.1623 at 1650.
- 107 Exhibit 01-05.014, Hearing Block 1, Department of Veterans' Affairs, Response to Notice
to Produce, NTP-DVA-001, 'Information DVA collects about the prevalence of veteran
homelessness and risk of homelessness and DVA support for veterans who are homeless
or at risk of homelessness', February 2021, DVA.0001.0001.0195 at 0200–0201.
- 108 Exhibit 01-05.014, Hearing Block 1, Department of Veterans' Affairs, Response to Notice
to Produce, NTP-DVA-001, 'Information DVA collects about the prevalence of veteran
homelessness and risk of homelessness and DVA support for veterans who are homeless
or at risk of homelessness', February 2021, DVA.0001.0001.0195 at 0201–0202.
- 109 Interim National Commissioner for Defence and Veteran Suicide Prevention,
Preliminary Interim Report, September 2021, p 265 (Exhibit 01-01.013, Hearing Block 1,
INQ.0000.0001.1584).
- 110 Exhibit 01-05.014, Hearing Block 1, Department of Veterans' Affairs, Response to Notice
to Produce, NTP-DVA-001, 'Information DVA collects about the prevalence of veteran
homelessness and risk of homelessness and DVA support for veterans who are homeless
or at risk of homelessness', February 2021, DVA.0001.0001.0195 at 0198–0199.
- 111 Exhibit F-08.015, State of Queensland, Response to Notice to Give, NTG-QPC-003,
QPC.0003.0001.0001 at 0005 and 0007.
- 112 Exhibit F-08.014, New South Wales Government, Submission, SUB.0000.0025.00121 at 00139.
- 113 Exhibit F-08.010, New South Wales Department of Communities and Justice, Response
to Notice Give, NTG-DCJ-001, DCJ.0001.0001.0001 at 0004.

- 114 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 270 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 115 Council to Homeless Persons, 'A Home Fit for Heroes: Meeting the Needs of Homeless Veterans', *Parity*, vol 33, 6, July 2020, p 25 (Exhibit VV-01.038, DVS.6666.0001.6656).
- 116 Exhibit 01-05.014, Hearing Block 1, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-001, 'Information DVA collects about the prevalence of veteran homelessness and risk of homelessness and DVA support for veterans who are homeless or at risk of homelessness', February 2021, DVA.0001.0001.0195 at 0203.
- 117 Exhibit VV-01.058, Department of Veterans' Affairs, Response to Notice to Produce, NTP-OPA-001, Andrew Russell Veteran Living Program Desktop evaluation, DVA.5023.0001.0357 at 0357.
- 118 Exhibit VV-01.058, Department of Veterans' Affairs, Response to Notice to Produce, NTP-OPA-001, Andrew Russell Veteran Living Program Desktop evaluation, DVA.5023.0001.0357 at 0358.
- 119 Exhibit VV-01.058, Department of Veterans' Affairs, Response to Notice to Produce, NTP-OPA-001, Andrew Russell Veteran Living Program Desktop evaluation, DVA.5023.0001.0357 at 0358.
- 120 Exhibit VV-01.058, Department of Veterans' Affairs, Response to Notice to Produce, NTP-OPA-001, Andrew Russell Veteran Living Program Desktop evaluation, DVA.5023.0001.0357 at 0359.
- 121 Transcript, Leonie Nowland, Hearing Block 7, 27 October 2022, pp 54-5216 [24]–54-5217 [1].
- 122 Exhibit V-01.004, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-001, *Homelessness amongst Australian veterans: summary of project findings*, Australian Housing and Urban Research Institute, May 2019, DVA.0001.0001.1623 at 1631, 1657.
- 123 Exhibit V-01.004, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-001, *Homelessness amongst Australian veterans: summary of project findings*, Australian Housing and Urban Research Institute, May 2019, DVA.0001.0001.1623 at 1657–1658.
- 124 Exhibit V-01.004, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-001, *Homelessness amongst Australian veterans: summary of project findings*, Australian Housing and Urban Research Institute, May 2019, DVA.0001.0001.1623 at 1662.
- 125 Exhibit 01-05.014, Hearing Block 1, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-001, 'Information DVA collects about the prevalence of veteran homelessness and risk of homelessness and DVA support for veterans who are homeless or at risk of homelessness', February 2021, DVA.0001.0001.0195 at 0199–0200.
- 126 Department of Veterans' Affairs, 'For community housing organisations', webpage, last updated 14 February 2023, www.dva.gov.au/get-support/providers/community-housing-organisations, viewed 18 June 2024 (Exhibit VV-01.032, DVS.6666.0001.6598).
- 127 Department of Veterans' Affairs, 'Support for Veterans – Scott Palmer Services Centre', 2022–23 Budget information sheet, October 2022 (Exhibit VV-01.046, DVS.6666.0001.6934).
- 128 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0038.
- 129 Exhibit VV-01.053, Department of Defence, Response to Notice to Produce, NTP-DEF-311, Defence and Veterans Mental Health and Wellbeing Strategy – Combined Defence/DVA Draft, DEF.1311.0001.0001 at 0022.
- 130 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p93-9350 [17–25]; Transcript, Alison McLaren, Hearing Block 12, 6 March 2024, p 88-8782 [8–34]
- 131 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9350 [33–37].
- 132 Transcript, Alison McLaren, Hearing Block 12, 6 March 2024, p 88-8783 [18–26]
- 133 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9351 [10–22].
- 134 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0039.
- 135 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, pp 93-9351 [40]–93-9352 [4].
- 136 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9352 [6–12].
- 137 Transcript, Alison McLaren, Hearing Block 12, 6 March 2024, p 88-8784 [40]
- 138 Transcript, Alexander Caroly, Hearing Block 12, 6 March 2024, p 88-8786 [31–33]

- 139 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0044.
- 140 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9352 [21–32].
- 141 Transcript, Alison McLaren, Hearing Block 12, 6 March 2024, p 88-8783 [18–26]
- 142 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9352 [47].
- 143 Transcript, Elizabeth Cosson, Hearing Block 4, 14 April 2022, pp 31-2959 [45]–31-2960 [1].
- 144 Rodney Peter Bates, Submission, ANON-Z1E7-QXKM-8, p [3].
- 145 Name withheld, ANON-Z1E7-Q9F5-C, p [13] of supplementary material.
- 146 Exhibit 93-02.006, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-114, DVA.9999.0101.0005 at 0024.
- 147 Department of Veterans' Affairs, 'Veteran Health Check Assessment Tool', webpage, www.dva.gov.au/about-us/dva-forms/veteran-health-check-assessment-tool, viewed 18 June 2024
(Exhibit VV-01.048, DVS.6666.0001.6955).
- 148 Exhibit 93-02.006, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-114, DVA.9999.0101.0005 at 0026.
- 149 Exhibit 93-02.006, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-114, DVA.9999.0101.0005 at 0024–0025.
- 150 Exhibit 30-03.009, Hearing Block 4, Royal Commission into Defence and Veteran Suicide:
Introductory Defence Briefing, Department of Defence, August 2021, STU.0001.0001.5446
at 5456.
- 151 Department of Veterans' Affairs, 'Non-liability mental health care', webpage, last updated
14 February 2023, [www.dva.gov.au/get-support/providers/programs-services/mental-
health-providers/non-liability-mental-health-care](http://www.dva.gov.au/get-support/providers/programs-services/mental-health-providers/non-liability-mental-health-care), viewed 18 June 2024 (Exhibit VV-01.034,
DVS.6666.0001.6606).
- 152 Department of Veterans' Affairs, *Veteran Mental Health and Wellbeing Strategy and National
Action Plan 2020-2023*, p 8 (Exhibit 20-03.089, Hearing Block 3, DVA.5007.0001.0011);
Exhibit 31-01.002, Hearing Block 4, Department of Veterans' Affairs, DVA Background Paper
to DVSRC, September 2021, EXP.0004.0020.0233 at 0256.
- 153 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention
Services Available to current and former serving ADF members and their families, Final
report: Findings and Recommendations*, 28 March 2017, pp 7, 28 (Exhibit 47-03.088, Hearing
Block 6, DEF.1029.0001.0432).
- 154 Phoenix Australia, *Mental Health Impacts of Compensation Claim Assessment Processes on
Claimants and Their Families*, September 2018, p 12 (Exhibit F-04.012, DVA.5042.0001.0463),
citing D Forbes and others, *The Transition and Wellbeing Research Programme: Mental Health
and Wellbeing Transition Study*, Report 2: Pathways to Care, 2018 (Exhibit 20-03.042, Hearing
Block 3, DEF.0001.0001.3715).
- 155 M Van Hooff and others, *Transition and Wellbeing Research Programme Key Findings Report*,
Department of Defence and Department of Veterans' Affairs, 2019, pp 2–4 (Exhibit 20-03.056,
Hearing Block 3, DEF.1029.0002.0066).
- 156 University of Newcastle, *Mental Health and Wellbeing Service Delivery, Horizon Scan:
2022*, Report for the Department of Veterans' Affairs, 2022, p 5 (Exhibit F.05.017,
DVA.5045.0001.0710).
- 157 University of Newcastle, *Mental Health and Wellbeing Service Delivery, Horizon Scan:
2022*, Report for the Department of Veterans' Affairs, 2022, p 51 (Exhibit F.05.017,
DVA.5045.0001.0710).
- 158 University of Newcastle, *Mental Health and Wellbeing Service Delivery, Horizon Scan:
2022*, Report for the Department of Veterans' Affairs, 2022, p 51 (Exhibit F.05.017,
DVA.5045.0001.0710).
- 159 Exhibit 93-02.006, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-114, DVA.9999.0101.0005 at 0025–0026.
- 160 Name withheld, ANON-Z1E7-QZUJ-H, p [2] of supplementary material (emphasis added).
- 161 Exhibit 93-02.009, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-121, Attachment A, DVA.9999.0119.0001 at 0002–0003.
- 162 Exhibit 93-02.009, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-121, Attachment A, DVA.9999.0119.0001 at 0002–0003.
- 163 Department of Veterans' Affairs, 'Non-Liability Rehabilitation', webpage, last updated 29
September 2022, archived on 30 September 2023 (Exhibit AA-01.027, DVS.0000.0002.0877).

164 Exhibit 93-02.009, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-121, Attachment A, DVA.9999.0119.0001 at 0002–0003.

165 Department of Veterans' Affairs, *Non-Liability Rehabilitation Pilot: Mid-Pilot Review*, draft report, January 2022, para [2.3.1] (Exhibit 88-02.014, Hearing Block 12, DVA.5065.0001.0161).

166 Department of Veterans' Affairs, *Non-Liability Rehabilitation Pilot: Mid-Pilot Review*, draft report, January 2022, para [2.3.1.1.1] (Exhibit 88-02.014, Hearing Block 12, DVA.5065.0001.0161).

167 Department of Veterans' Affairs, *Non-Liability Rehabilitation Pilot: Mid-Pilot Review*, draft report, para [2.2.1] (Exhibit 88-02.014, Hearing Block 12, DVA.5065.0001.0161) (emphasis added).

168 Department of Veterans' Affairs, *Non-Liability Rehabilitation Pilot: Mid-Pilot Review*, draft report, January 2022, p 3 (Exhibit 88-02.014, Hearing Block 12, DVA.5065.0001.0161).

169 Department of Veterans' Affairs, *Non-Liability Rehabilitation Pilot: Mid-Pilot Review*, draft report, January 2022, p 10 (Exhibit 88-02.014, Hearing Block 12, DVA.5065.0001.0161) (emphasis added).

170 Department of Veterans' Affairs, *Non-Liability Rehabilitation Pilot: Mid-Pilot Review*, draft report, January 2022, para [2.2.1] (Exhibit 88-02.014, Hearing Block 12, DVA.5065.0001.0161).

171 Department of Veterans' Affairs, *Non-Liability Rehabilitation Pilot: Mid-Pilot Review*, draft report, January 2022, para [2.3.1] (Exhibit 88-02.014, Hearing Block 12, DVA.5065.0001.0161).

172 Exhibit 93-02.009, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-121, Attachment A, DVA.9999.0119.0001 at 0002–0003.

173 Exhibit 93-02.009, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-121, Attachment A, DVA.9999.0119.0001 at 0002–0003.

174 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, 'Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report', June 2023, DVA.5081.0002.0266 at 0280.

175 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, 'Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report', June 2023, DVA.5081.0002.0266 at 0280.

176 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, 'Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report', June 2023, DVA.5081.0002.0266 at 0280.

177 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, 'Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report', June 2023, DVA.5081.0002.0266 at 0280.

178 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, 'Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report', June 2023, DVA.5081.0002.0266 at 0280.

179 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, 'Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report', June 2023, DVA.5081.0002.0266 at 0280.

180 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, 'Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report', June 2023, DVA.5081.0002.0266 at 0279 (emphasis added).

181 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, 'Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report', June 2023, DVA.5081.0002.0266 at 0279 (emphasis added).

182 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, 'Mental Health and Wellbeing Services Division Service Review and

- Transformation Program, Service Review: Final Report', June 2023, DVA.5081.0002.0266 at 0287 (emphasis added).
- 183 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, 'Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report', June 2023, DVA.5081.0002.0266 at 0286 (emphasis added).
- 184 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, 'Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report', June 2023, DVA.5081.0002.0266 at 0292 (emphasis added).
- 185 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, 'Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report', June 2023, DVA.5081.0002.0266 at 0279. (emphasis added)
- 186 Transcript, Alison Frame, Hearing Block 10, 26 July 2023, p 75-7232 [20–30].
- 187 Transcript, Alison Frame, Hearing Block 10, 26 July 2023, p 75-7232 [20–30]; PFLR-61.2, (Commonwealth response, Prevention and Early Intervention – Tranche 2), PFL.0026.0002.0013 at 0031.
- 188 Department of Veterans' Affairs, 'Organisation Structure', webpage, last updated 24 July 2023, www.dva.gov.au/sites/default/files/2024-06/org-structure-june-2024.pdf, viewed 18 July 2023 (Exhibit 75-01.002, Hearing Block 10, DVS.0010.0001.1831).
- 189 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 82 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 190 Exhibit 93-02.001, Hearing Block 12, Department of Veterans' Affairs, Submission, DVS.0012.0001.1895 at 1923.
- 191 Transcript, Sandi Laaksonen-Sherrin, Hearing Block 1, 1 December 2021, p 3-301 [1–14].
- 192 Exhibit L-01.033, Suicide Prevention Australia and Mental Health Australia, Submission, SUB.0000.0020.0011 at 0029.
- 193 Australian Catholic University, *Australian Veteran Services Mapping Project*, Royal Commission into Defence and Veteran Suicide, Final Report, 2022, p 75 (Exhibit 86-01.021, Hearing Block 12, DVS.3333.0001.1289).
- 194 Australian Catholic University, *Australian Veteran Services Mapping Project*, Royal Commission into Defence and Veteran Suicide, Final Report, 2022, p 75 (Exhibit 86-01.021, Hearing Block 12, DVS.3333.0001.1289).
- 195 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9366 [13–40].
- 196 University of Newcastle, *Mental Health and Wellbeing Service Delivery, Horizon Scan: 2022*, Report for the Department of Veterans' Affairs, 2022, p 10 (Exhibit F.05.017, DVA.5045.0001.0710) (emphasis added).
- 197 Engage, 'About Engage', webpage, engage.forcenet.gov.au/about, viewed 14 December 2023 (Exhibit L-01.065, DVS.2222.0001.6123).
- 198 RSL Australia, 'Veterans' Catalogue', webpage, www.rslaustralia.org/veterans-catalogue, viewed 14 December 2023 (Exhibit L-01.063, DVS.2222.0001.6185).
- 199 Department of Veterans' Affairs, 'What is an ex-service organisation?', webpage, last updated 6 March 2024, www.dva.gov.au/get-support/advocacy-representation-advice/what-ex-service-organisation, viewed 18 June 2024 (Exhibit VV-01.052, DVS.6666.0001.6975);
- 200 Queensland Government, 'Queensland Veterans' Portal, webpage, www.qld.gov.au/community/getting-support-health-social-issue/veterans, viewed 25 June 2024; Veterans SA, 'HomeBaseSA', webpage, veteranssa.sa.gov.au/home-base-sa/, viewed 25 June 2024 (Exhibit ZZ-01.046, DVS.7777.0001.1315).
- 201 Exhibit 43-01.016, Hearing Block 6, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-024, DVA.9999.0019.0001 at 0001; Department of Veterans' Affairs, last updated 26 May 2023, 'Veterans' and Families' Hubs', webpage, www.dva.gov.au/get-support/health-support/work-and-social-life-programs/work-and-social-support/veterans-and-families-hubs, viewed 26 October 2023 (Exhibit F-08.001, DVS.0011.0001.0946).
- 202 Exhibit L-01.036, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-086, Veterans' and Families' Hubs Program Grant Opportunity Guidelines, October 2022, DVA.5067.0001.0351 at 0354.

- 203 Exhibit L-01.036, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-086, Veterans' and Families' Hubs Program Grant Opportunity Guidelines, October 2022, DVA.5067.0001.0351 at 0354–0355.
- 204 Exhibit 86-02.015, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-161, DVA.9999.0144.0001 at 0003 [6.1].
- 205 Exhibit 43-01.016, Hearing Block 6, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-024, DVA.9999.0019.0001 at 0023.
- 206 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9363 [16–20].
- 207 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9363 [31–38].
- 208 Exhibit 43-01.016, Hearing Block 6, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-024, DVA.9999.0019.0001 at 0012.
- 209 Exhibit 43-01.016, Hearing Block 6, Department of Veterans' Affairs, Response to Notice to Give NTG-DVA-024, DVA.9999.0019.0001 at 0016.
- 210 Exhibit 43-01.016, Hearing Block 6, Department of Veterans' Affairs, Response to Notice to Give NTG-DVA-024, DVA.9999.0019.0001 at 0020.
- 211 Exhibit 43-01.016, Hearing Block 6, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-024, DVA.9999.0019.0001 at 0008.
- 212 Exhibit 43-01.016, Hearing Block 6, Department of Veterans' Affairs, Response to Notice to Give NTG-DVA-024, DVA.9999.0019.0001 at 0010.
- 213 Exhibit 43-01.016, Hearing Block 6, Department of Veterans' Affairs, Response to Notice to Give NTG-DVA-024, DVA.9999.0019.0001 at 0019.
- 214 Exhibit 43-01.016, Hearing Block 6, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-024, DVA.9999.0019.0001 at 0013; Exhibit 43-01.017, Hearing Block 6, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-009, Veteran Wellbeing Centres – Monitoring, Reporting & Evaluation Framework, February 2021, DVA.5011.0008.0685.
- 215 Exhibit VV-01.057, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-038, Program evaluation data set for Veterans' and Families' Hubs, DVA.5022.0001.0752.
- 216 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0036.
- 217 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0016.
- 218 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0018.
- 219 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0036.
- 220 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of Claims Services to Veterans Survey Development and Results Analysis*, March 2024, p 56 (Exhibit 93-02.023, DVA.0057.0001.0001).
- 221 PFLR-58 (DVA Culture and Leadership, Commonwealth response), PFL.0027.0002.0001 at 0009.
- 222 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, pp 169–255.
- 223 D Dunt, *Review of Mental Health Care in the ADF and Transition through Discharge*, January 2009, pp 173–174 (Exhibit 75-01.015, Hearing Block 10, DVA.5002.0002.1862).
- 224 Australian Public Service Commission, *Capability Review Department of Veterans' Affairs*, November 2013, p 5 (Exhibit 74-02.035, Hearing Block 10, DVS.0010.0001.1779).
- 225 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*, Final report: Findings and Recommendations, March 2017, pp 35–36 (Exhibit 01-01.008, Hearing Block 1, INQ.0000.0001.1488).
- 226 A Collie, *The Mental Health Impacts of Compensation Claim Assessment Processes*, Monash University, March 2019, p 44 (Exhibit 11-01.001, Hearing Block 2, STU.0002.0001.0001).
- 227 A Collie, *The Mental Health Impacts of Compensation Claim Assessment Processes*, Monash University, March 2019, p 25 (Exhibit 11-01.001, Hearing Block 2, STU.0002.0001.0001).
- 228 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, pp 19 [36], 66 [1.74] (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).

- 229 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 24 [57] (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 230 Andrew Phillips, Submission, ANON-Z1E7-QZJ9-N, p [2].
- 231 Name withheld, Submission, ANON-Z1E7-QZHD-X, p [33].
- 232 Name withheld, Submission, ANON-Z1E7-Q1X2-K, p [4].
- 233 Name withheld, Submission, ANON-Z1E7-Q8VD-A, p [3].
- 234 Arthur Ventham, Submission, ANON-Z1E7-Q8VW-W, p [3].
- 235 Name withheld, Submission, ANON-Z1E7-QZVA-9, p [2].
- 236 Name withheld, Submission, ANON-Z1E7-QZHD-X, p [10].
- 237 Brendan Stent, Submission, ANON-Z1E7-QZ95-Z, p [8].
- 238 Name withheld, Submission, ANON-Z1E7-QM6F-1, p [3].
- 239 Name withheld, Submission, ANON-Z1E7-QZHD-X, p [12].
- 240 John-Davide Greiling, Submission, ANON-Z1E7-QWB6-7, p [16].
- 241 Name withheld, Submission, ANON-Z1E7-QQ9Z-V, p [14].
- 242 Name withheld, Submission, ANON-Z1E7-Q9VA-8, p [2].
- 243 Name withheld, Submission, ANON-Z1E7-QQEC-H, p [2].
- 244 Ricky Ryan, Submission, ANON-Z1E7-Q8S6-S, p [2]; Name withheld, Submission, ANON-Z1E7-QQEC-H, p [2].
- 245 Name withheld, Submission, ANON-Z1E7-QWGG-W, p [2].
- 246 Steven Baras-Miller on behalf of Annabelle Elizabeth Wilson, Submission, ANON-Z1E7-QWF7-C, p [15].
- 247 Steven Baras-Miller on behalf of Annabelle Elizabeth Wilson, Submission, ANON-Z1E7-QWF7-C, pp [17–23].
- 248 Raymond Whitehead, Submission, ANON-Z1E7-QZS7-V, p [3].
- 249 Name withheld, Submission, ANON-Z1E7-QWNK-8, p [2].
- 250 Name withheld, Submission, ANON-Z1E7-Q1AP-T, p [2].
- 251 Ricky Ryan, Submission, ANON-Z1E7-Q8S6-S, p [2].
- 252 Name withheld, Submission, ANON-Z1E7-QWGG-W, p [2].
- 253 Name withheld, Submission, ANON-Z1E7-Q1RS-E, p [2].
- 254 Raymond Whitehead, Submission, ANON-Z1E7-QZS7-V, p [3].
- 255 Name Withheld, Submission, ANON-Z1E7-QZHD-X, p [9].
- 256 Name Withheld, Submission, ANON-Z1E7-QWVM-J, p [3].
- 257 PFLR-58 (DVA Culture and Leadership, Commonwealth response), PFL.0027.0002.0001 at 0020–0021; PFLR-39.1 (DVA Claims processing, Commonwealth response), PFL.0020.0002.0001 at 0008.
- 258 Transcript, Alison Frame, Hearing Block 10, 26 July 2023, p 75-7278 [13–19].
- 259 PFLR-36.4 (Special Report, Commonwealth response), PFL.0003.0002.0019 at 0025.
- 260 Exhibit 75-01.003, Hearing Block 10, Response to Notice to Give, NTG-DVA-072, DVA.9999.0070.0032 at 0035–0036; PFLR-36.4 (Special Report, Commonwealth response), PFL.0003.0002.0019 at 0024.
- 261 Department of Veterans' Affairs, Voluntary Submission, 22 December 2023, p 22 [6.6] (Exhibit 93-02.001, DVS.0012.0001.1895); PFLR-36.4 (Special Report, Commonwealth response), PFL.0003.0002.0019 at 0026.
- 262 Department of Veterans' Affairs, Voluntary Submission, 22 December 2023, p 6 [2.6] (Exhibit 93-02.001, DVS.0012.0001.1895); PFLR-36.4 (Special Report, Commonwealth response), PFL.0003.0002.0019 at 0025.
- 263 PFLR-36.4 (Special Report, Commonwealth response), PFL.0003.0002.0019 at 0022; The Hon Richard Marles, Deputy Prime Minister and Minister for Defence, the Hon Matt Keogh, Minister for Veterans' Affairs and Defence Personnel, *Supporting Australia's veterans and their families*, media release, 14 May 2024 (Exhibit UU-01.008, DVS.6666.0001.5531). [minister. dva.gov.au/news-and-media/minister/joint-media-release-supporting-australias-veterans-and-their-families]
- 264 Department of Veterans' Affairs, Voluntary Submission, 22 December 2023, pp 6–7 [2.5] (Exhibit 93-02.001, DVS.0012.0001.1895).
- 265 Department of Veterans' Affairs, Voluntary submission to the Royal Commission – June 2024, p 6 [1.6–1.7] (Exhibit ZZ-01.005, DVS.7777.0001.0012); Coroner Jacqui Hawkins, Finding into Death with Inquest: Inquest into the Death of Jesse Stephen Bird, 7 April 2020, p 35

[166] (Exhibit F-04.003, DEF.0003.0007.8224); PFLR-36.4 (Special Report, Commonwealth response), PFL.0003.0002.0019 at 0022.

266 Coroner Jacqui Hawkins, Finding into Death with Inquest: Inquest into the Death of Jesse Stephen Bird, 7 April 2020, pp 50 [214], 53 [227]–[228] (Exhibit F-04.003, DEF.0003.0007.8224).

267 Coroner Jacqui Hawkins, Finding into Death with Inquest: Inquest into the Death of Jesse Stephen Bird, 7 April 2020, p 53 [227] (Exhibit F-04.003, DEF.0003.0007.8224).

268 PFLR-36.4 (Special Report, Commonwealth response), PFL.0003.0002.0019 at 0021.

269 PFLR-36.4 (Special Report, Commonwealth response), PFL.0003.0002.0019 at 0023.

270 Department of Veterans' Affairs, Voluntary Submission, 22 December 2023, p 7 [2.11] (Exhibit 93-02.001, DVS.0012.0001.1895); Department of Veterans' Affairs, *Australian Public Service Employee Census 2023, 8 May – 9 June*, Highlights Report DVA, 2023 (Exhibit UU-01.007, DVS.6666.0001.5540).

271 Department of Veterans' Affairs, *Australian Public Service Employee Census 2023, 8 May – 9 June*, Highlights Report DVA, 2023, pp 3, 8, 25 (Exhibit UU-01.007, DVS.6666.0001.5540).

272 PFLR-58 (DVA Culture and Leadership, Commonwealth response), PFL.0027.0002.0001 at 0019; Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 5 (Exhibit 93-02.023, DVA.0057.0001.0001).

273 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9402 [6–19].

274 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 6 (Exhibit 93-02.023, DVA.0057.0001.0001).

275 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 14 (Exhibit 93-02.023, DVA.0057.0001.0001).

276 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 57 (Exhibit 93-02.023, DVA.0057.0001.0001).

277 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 9 (Exhibit 93-02.023, DVA.0057.0001.0001).

278 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 6 (Exhibit 93-02.023, DVA.0057.0001.0001).

279 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 57 (Exhibit 93-02.023, DVA.0057.0001.0001).

280 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 6 (Exhibit 93-02.023, DVA.0057.0001.0001).

281 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 8 (Exhibit 93-02.023, DVA.0057.0001.0001).

282 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 6 (Exhibit 93-02.023, DVA.0057.0001.0001).

283 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 7 (Exhibit 93-02.023, DVA.0057.0001.0001).

284 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, pp 6, 7 (Exhibit 93-02.023, DVA.0057.0001.0001).

285 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, pp 38–40 (Exhibit 93-02.023, DVA.0057.0001.0001).

286 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 42 (Exhibit 93-02.023, DVA.0057.0001.0001).

- 287 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 9 (Exhibit 93-02.023, DVA.0057.0001.0001).
- 288 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 31 (Exhibit 93-02.023, DVA.0057.0001.0001).
- 289 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 35 (Exhibit 93-02.023, DVA.0057.0001.0001).
- 290 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 32 (Exhibit 93-02.023, DVA.0057.0001.0001).
- 291 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 33 (Exhibit 93-02.023, DVA.0057.0001.0001).
- 292 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 33 (Exhibit 93-02.023, DVA.0057.0001.0001).
- 293 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 33 (Exhibit 93-02.023, DVA.0057.0001.0001).
- 294 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 57 (Exhibit 93-02.023, DVA.0057.0001.0001).
- 295 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 9 (Exhibit 93-02.023, DVA.0057.0001.0001).
- 296 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, pp 9–11 (Exhibit 93-02.023, DVA.0057.0001.0001).
- 297 Flinders University, *A cycle of impacts: Department of Veterans' Affairs Culture of claims services to veterans survey development and results analysis*, March 2024, p 57 (Exhibit 93-02.023, DVA.0057.0001.0001).
- 298 PFLR-58 (DVA Culture and Leadership, Commonwealth response), PFL.0027.0002.0001 at 0025.
- 299 Department of Veterans' Affairs, 2021–2022 Client Satisfaction Pulse Survey: Summary of Results and Future Steps, October 2022, p 2 (Exhibit CC-01.087, DVS.6666.0001.2607).
- 300 Department of Veterans' Affairs, 2021–2022 Client Satisfaction Pulse Survey: Summary of Results and Future Steps, October 2022, p 4 (Exhibit CC-01.087, DVS.6666.0001.2607).
- 301 PFLR-61.2 (DVA – Expanding prevention and early intervention, Commonwealth response), PFL.0026.0002.0013 at 0025; Department of Veterans' Affairs, 2021–2022 Client Satisfaction Pulse Survey: Summary of Results and Future Steps, October 2022, p 2 (Exhibit CC-01.087, DVS.6666.0001.2607).
- 302 Department of Veterans' Affairs, *Annual Report 2022–23*, 2023, pp 33, 38 (Exhibit 93-02.018, Hearing Block 12, DVS.0011.0001.0950).
- 303 PFLR-61.2 (DVA – Expanding prevention and early intervention, Commonwealth response), PFL.0026.0002.0013 at 0025.
- 304 Department of Veterans' Affairs, *Annual Report 2022–23*, 2023, p 33 (Exhibit 93-02.018, Hearing Block 12, DVS.0011.0001.0950).
- 305 Department of Veterans' Affairs, Voluntary submission to the Royal Commission – June 2024, p 6 [1.3] (Exhibit ZZ-01.005, DVS.7777.0001.0012).
- 306 Mark Direen, Submission, ANON-Z1E7-QQ4P-D, p [3].
- 307 Stephen Windahl, Submission, ANON-Z1E7-QQ4Z-Q, p [19].
- 308 MJ Sargent, Submission, ANON-Z1E7-QQ36-J, p [1].
- 309 Joseph Van Haren, Submission, ANON-Z1E7-Q9HX-H, p [2].
- 310 Joseph Van Haren, Submission, ANON-Z1E7-Q9HX-H, p [2].
- 311 Name withheld, Submission, ANON-Z1E7-Q18S-M, p [2].
- 312 Christopher Alan Horwood, Submission, ANON-Z1E7-QE5F-R, p [3].
- 313 Robert Wooten, Submission, ANON-Z1E7-QXT6-T, p [2].
- 314 Robert Wooten, Submission, ANON-Z1E7-QXT6-T, p [2].

315 Amber Elise Warke, Submission, ANON-Z1E7-QEGB-6, p [3].
 316 Name withheld, Submission, ANON-Z1E7-QES9-9, p [5].
 317 Ross Dunn, Submission, ANON-Z1E7-QWV5-T, p [3] of supplementary material.
 318 Exhibit 86-02.005, Hearing Block 12, Lance Johnson, Witness statement, LJO.0000.0001.0001 at 0021 [97].
 319 Exhibit 86-02.005, Hearing Block 12, Lance Johnson, Witness statement, LJO.0000.0001.0001 at 0022 [101(b)].
 320 Exhibit 86-02.005, Hearing Block 12, Lance Johnson, Witness statement, LJO.0000.0001.0001 at 0033 [156]–0034 [157], [159].
 321 Department of Veterans' Affairs, Voluntary submission to the Royal Commission – June 2024, p 6 [1.5] (Exhibit ZZ-01.005, DVS.7777.0001.0012).
 322 Transcript, Angela Maguire, Hearing Block 4, 12 April 2022, p 29-2698 [27–32].
 323 Transcript, Angela Maguire, Hearing Block 4, 12 April 2022, p 29-2698 [27–32].
 324 J Shay, 'Moral Injury', *Psychoanalytic Psychology*, vol 31, 2, 2014, p 186.
 325 J Shay, 'Moral Injury', *Psychoanalytic Psychology*, vol 31, 2, 2014, p 188.
 326 Transcript, Gwen Cherne, Hearing Block 11, 31 August 2023, p 79-7623 [12–14].
 327 Transcript, Jacqui Lambie, Hearing Block 12, 12 March 2024, pp 90-8972 [20]–90-8973 [17].
 328 Department of Veterans' Affairs, *Transition Taskforce: Improving the transition experience*, 2018, p 6 (Exhibit 21-01.001, Hearing Block 3, AWW.0000.0001.0697).
 329 Coroner Jacqui Hawkins, Finding into Death with Inquest: Inquest into the Death of Jesse Stephen Bird, 7 April 2020, pp 43–44 [190]–[191] (Exhibit F-04.003, DEF.0003.0007.8224).
 330 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 124 [4.21] (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
 331 Transcript, Kate Pope, Hearing Block 10, 25 July 2023, p 74-7118 [24–27].
 332 Transcript, Kate Pope, Hearing Block 10, 25 July 2023, p 74-7130 [22–25].
 333 Transcript, Veronica Hancock, Hearing Block 3, 15 March 2022, p 21-1958 [4–9].
 334 Transcript, Veronica Hancock, Hearing Block 3, 15 March 2022, p 21-1958 [4–20].
 335 Transcript, Kate Pope, Hearing Block 3, 15 March 2022, p 21-1958 [28–45].
 336 Transcript, Kate Pope, Hearing Block 10, 25 July 2023, p 74-7119 [5–25].
 337 Transcript, Leanne Cameron, Hearing Block 3, 15 March 2022, p 21-1951 [17–26].
 338 Department of Veterans' Affairs, Voluntary submission to the Royal Commission – June 2024, p 35 [8.6–8.8] (Exhibit ZZ-01.005, DVS.7777.0001.0012).
 339 Department of Veterans' Affairs, Voluntary submission to the Royal Commission – June 2024, p 36 [8.15] (Exhibit ZZ-01.005, DVS.7777.0001.0012).
 340 Department of Veterans' Affairs, Voluntary submission to the Royal Commission – June 2024, p 37 [8.25] (Exhibit ZZ-01.005, DVS.7777.0001.0012).
 341 Transcript, Leanne Cameron, Hearing Block 3, 15 March 2022, p 21-1953 [12–15].
 342 Department of Veterans' Affairs, Voluntary submission to the Royal Commission – June 2024, p 34 [8.1] (Exhibit ZZ-01.005, DVS.7777.0001.0012).
 343 PFLR-66.1 (DVA Culture supplementary PFN, Commonwealth response), PFL.0027.0002.0029 at 0040.
 344 PFLR-36.4 (Special Report, Commonwealth response), PFL.0003.0002.0019 at 0023; PFLR-66.1 (DVA Culture supplementary PFN, Commonwealth response), PFL.0027.0002.0029 at 0040.
 345 Australian Public Service Commission, *Trust in Australian Public Services 2023*, Annual Report, 2023, p 7 (Exhibit AA-01.026, DVS.0000.0002.0832).
 346 Australian Public Service Commission, *Trust in Australian Public Services 2023*, Annual Report, 2023, p 31 (Exhibit AA-01.026, DVS.0000.0002.0832).
 347 Australian Public Service Commission, *Trust in Australian Public Services 2023*, Annual Report, 2023, p 31 (Exhibit AA-01.026, DVS.0000.0002.0832).
 348 Department of Veterans' Affairs, Voluntary submission to the Royal Commission – June 2024, p 7 [1.8] (Exhibit ZZ-01.005, DVS.7777.0001.0012).
 349 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 6 (Exhibit 01-01.010, Hearing Block 1, INQ.0000.0001.2299).
 350 Transcript, Gwen Cherne, Hearing Block 11, 31 August 2023, pp 79-7622 [39]–79-7623 [4].
 351 Exhibit F-04.017, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-016, Part B, DVA.9999.0010.0001 at 0006.

352 Exhibit 74-02.002, Hearing Block 10, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-084, DVA.9999.0070.0001 at 0001.

353 Department of Veterans' Affairs, *Annual Report 2017–18*, 2018, p 2 (Exhibit 22-05.016,
Hearing Block 3, DVS.0000.0001.5699).

354 Transcript, Alexander McFarlane, Hearing Block 1, December 2021, p 3-276 [5–10].

355 Exhibit K-01.047, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-100,
DVA.9999.0109.0001 at 0008.

356 Transcript, Elizabeth Cosson, Hearing Block 4, 14 April 2022, p 31-2960 [12–20].

357 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0036
and 0039.

358 Exhibit 93-02.001, Hearing Block 12, Department of Veterans' Affairs, Submission,
DVS.0012.0001.1895 at 1916 [6.5]. [permission to publish]

359 Exhibit VV-01.053, Department of Defence, Response to Notice to Produce, NTP-DEF-311,
Defence and Veterans Mental Health and Wellbeing Strategy – Combined Defence/DVA Draft,
DEF.1311.0001.0001 at 0019.

360 Exhibit VV-01.053, Department of Defence, Response to Notice to Produce, NTP-DEF-311,
Defence and Veterans Mental Health and Wellbeing Strategy – Combined Defence/DVA Draft,
DEF.1311.0001.0001 at 0012–0013.

361 Exhibit VV-01.053, Department of Defence, Response to Notice to Produce, NTP-DEF-311,
Defence and Veterans Mental Health and Wellbeing Strategy – Combined Defence/DVA Draft,
DEF.1311.0001.0001 at 0013.

362 Exhibit VV-01.053, Department of Defence, Response to Notice to Produce, NTP-DEF-311,
Defence and Veterans Mental Health and Wellbeing Strategy – Combined Defence/DVA Draft,
DEF.1311.0001.0001 at 0014.

363 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0028.

364 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0037.

365 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0040.

366 Black Dog Institute, *Prevention through connection: supporting veterans to thrive when
their service ends, A report on the National Suicide Prevention Trial*, November 2021, p 13
(Exhibit 34-02.017, Hearing Block 5, JOC.0000.0001.0672).

367 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce,
NTP-DVA-120, *Mental Health and Wellbeing Services Division Service Review and
Transformation Program, Service Review: Final Report*, June 2023, DVA.5081.0002.0266
at 0286.

368 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce,
NTP-DVA-120, *Mental Health and Wellbeing Services Division Service Review and
Transformation Program, Service Review: Final Report*, June 2023, DVA.5081.0002.0266
at 0294.

369 Exhibit VV-01.053, Department of Defence, Response to Notice to Produce, NTP-DEF-311,
Defence and Veterans Mental Health and Wellbeing Strategy – Combined Defence/DVA Draft,
DEF.1311.0001.0001 at 0012.

370 Transcript, Alison Frame, Hearing Block 12, p 75-7275 [11–16, 25–32, 36–38].

371 Exhibit VV-01.065, Department of Veterans' Affairs, Response to Notice to Produce,
NTP-DVA-120, 'Divisional These Descriptions', DVA.5081.0002.0237 at 0238.

372 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce,
NTP-DVA-120, *Mental Health and Wellbeing Services Division Service Review and
Transformation Program, Service Review: Final Report*, June 2023, DVA.5081.0002.0266
at 0286 (emphasis added).

373 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce,
NTP-DVA-120, *Mental Health and Wellbeing Services Division Service Review and
Transformation Program, Service Review: Final Report*, June 2023, DVA.5081.0002.0266
at 0286.

374 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce,
NTP-DVA-120, *Mental Health and Wellbeing Services Division Service Review and*

- Transformation Program, Service Review: Final Report*, June 2023, DVA.5081.0002.0266 at 0286.
- 375 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, *Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report*, June 2023, DVA.5081.0002.0266 at 0286 (emphasis added).
- 376 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, *Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report*, June 2023, DVA.5081.0002.0266 at 0292.
- 377 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, *Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report*, June 2023, DVA.5081.0002.0266 at 0287.
- 378 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, *Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report*, June 2023, DVA.5081.0002.0266 at 0287.
- 379 Australian Public Service Commission, *Trust in Australian Public Services: Annual Report 2023*, 2023, p 31 (Exhibit AA-01.026, DVS.0000.0002.0832).
- 380 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, *Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report*, June 2023, DVA.5081.0002.0266 at 0292 (emphasis added).
- 381 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, *Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report*, June 2023, DVA.5081.0002.0266 at 0292.
- 382 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, *Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report*, June 2023, DVA.5081.0002.0266 at 0292.
- 383 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, *Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report*, June 2023, DVA.5081.0002.0266 at 0292.
- 384 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, *Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report*, June 2023, DVA.5081.0002.0266 at 0292.
- 385 Exhibit AA-01.022, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-120, *Mental Health and Wellbeing Services Division Service Review and Transformation Program, Service Review: Final Report*, June 2023, DVA.5081.0002.0266 at 0292.
- 386 Department of Health, Victoria, 'Early intervention in mental illness', webpage, late updated 26 November 2021, <https://www.health.vic.gov.au/prevention-and-promotion/early-intervention-in-mental-illness>, viewed 18 June 2024 (Exhibit VV-01.030, DVS.6666.0001.6594).
- 387 S King, 'A brief history of the mental health inquiry report', speech, delivered to the Mental Health Coordinating Council, 6 May 2021 (Exhibit VV-01.024, DVS.6666.0001.6253).
- 388 S King, 'A brief history of the mental health inquiry report', speech, delivered to the Mental Health Coordinating Council, 6 May 2021 (Exhibit VV-01.024, DVS.6666.0001.6253).
- 389 PFLR-8.1 (States and Territories (and the interaction of the Commonwealth and Commonwealth agencies with the States and Territories), Commonwealth response), PFL.0028.0002.0001 at 0028.
- 390 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9365 [33–37].
- 391 Exhibit V-01.004, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-001, *Homelessness amongst Australian veterans: summary of project findings*, Australian Housing and Urban Research Institute, May 2019, DVA.0001.0001.1623 at 1657 (emphasis added).

392 PFLR-8.1 (States and Territories (and the interaction of the Commonwealth and
Commonwealth agencies with the States and Territories), Commonwealth response),
PFL.0028.0002.0001 at 0009.

393 NDIS Review, 'Fact sheet 3: Finding your way around with help from a navigator', webpage,
www.ndisreview.gov.au/sites/default/files/resource/download/navigator.pdf, viewed
18 June 2024 (Exhibit VV-01.031, DVS.6666.0001.6596).

394 Lieutenant General (Retired) John Caligari AO, DSC, ANON-Z1E7-QFQ7-6, pp [1–2] of
supplementary material.

395 Exhibit V-01.004, Department of Veterans' Affairs, Response to Notice to Produce,
NTP-DVA-001, *Homelessness amongst Australian veterans: summary of project findings*,
Australian Housing and Urban Research Institute, May 2019, DVA.0001.0001.1623 at 1659.

396 Exhibit 01-05.014, Hearing Block 1, Department of Veterans' Affairs, Response to Notice
to Produce, NTP-DVA-001, 'Information DVA collects about the prevalence of veteran
homelessness and risk of homelessness and DVA support for veterans who are homeless
or at risk of homelessness', February 2021, DVA.0001.0001.0195 at 0202–0203.

397 PFLR-8.1 (States and Territories (and the interaction of the Commonwealth and
Commonwealth agencies with the States and Territories), Commonwealth response),
PFL.0028.0002.0001 at 0029–0030.

398 Transcript, Alison Frame, Hearing Block 12, p 93-9358 [26–30].

399 Transcript, Angela Metschke, Hearing Block 4, 12 April 2022, p 29-2743 [20–24].

400 Transcript, Wade Stothart, Hearing Block 4, 12 April 2022, p 29-2743 [26–42].

401 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9390 [16–19].

402 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9362 [7–23].

403 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0034.

404 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, pp 93-9363 [40]–93-9365 [37];
Transcript, Alison McLaren and Leonie Nowland, Hearing Block 12, pp 88-8786 [43]–
88-8788 [20].

405 Transcript, Leonie Nowland, Hearing Block 12, 6 March 2024, pp 88-8786 [47]–88-8787 [3].

406 NSW Public Service Commission, 'Our KPIs', webpage, [www.psc.nsw.gov.au/reports-and-
data/state-of-the-nsw-public-sector/state-of-the-nsw-public-sector-report-2021/our-kpis](http://www.psc.nsw.gov.au/reports-and-data/state-of-the-nsw-public-sector/state-of-the-nsw-public-sector-report-2021/our-kpis),
viewed 18 June 2024 (Exhibit VV-01.036, DVS.6666.0001.6650).

407 Service NSW, 'Performance dashboard', webpage, last updated 13 June 2024, [www.service.
nsw.gov.au/performance-dashboard](http://www.service.nsw.gov.au/performance-dashboard), viewed 18 June 2024 (Exhibit VV-01.039,
DVS.6666.0001.6704).

408 Amended Explanatory Memorandum, Australian Veterans' Recognition (Putting Veterans and
Their Families First) Bill 2019 (Cth), p ii.

409 *Australian Veterans' Recognition (Putting Veterans and Their Families First) Act 2019* (Cth)
s 7.

410 *Australian Veterans' Recognition (Putting Veterans and Their Families First) Act 2019* (Cth)
Schedule 1.

411 *Australian Veterans' Recognition (Putting Veterans and Their Families First) Act 2019* (Cth)
ss 5 and 8 (emphasis added).

412 *Australian Veterans' Recognition (Putting Veterans and Their Families First) Act 2019* (Cth)
s 7.

413 *Australian Veterans' Recognition (Putting Veterans and Their Families First) Act 2019* (Cth)
Part 2.

414 Transcript, Darren Chester, Hearing Block 5, 22 June 2022, p 34-3250 [27–34].

415 Transcript, Darren Chester, Hearing Block 5, 22 June 2022, p 34-3251 [1–10].

416 John Lewis – Defence Force Welfare Association Qld, Submission, ANON-Z1E7-QFNK-Q,
p [2].

417 Transcript, Gwen Cherne, Hearing Block 11, 31 August 2023, p 79-7650 [18–25].

418 Karen Bird, Further Witness Statement (Exhibit 100-01.005, Hearing Block 12,
KBI.0000.0001.0661 at 0673–0674).

419 Ken Stone, Submission, ANON-Z1E7-QWP1-G, p [3].

420 Richard Usher, Submission, ANON-Z1E7-QWZZ-3, p [2].

421 UK Government, The Armed Forces Covenant, webpage, [assets.publishing.service.gov.uk/
media/5a8152b0e5274a2e87dbcf3/20161215-The-Armed-Forces-Covenant.pdf](https://assets.publishing.service.gov.uk/media/5a8152b0e5274a2e87dbcf3/20161215-The-Armed-Forces-Covenant.pdf), viewed
25 June 2024.

422 UK Government, The Armed Forces Covenant, Covenant Legal Duty, webpage,
www.armedforcescovenant.gov.uk/covenant-legal-duty/, viewed 25 June 2024.

423 *Armed Forces Act 2011* (UK) s 343A.

424 Exhibit 86-01.001, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-112, DVA.9999.0121.0047 at 0047.

425 Exhibit 86-01.001, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-112, DVA.9999.0121.0047 at 0050–0051.

426 Exhibit 86-01.001, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-112, DVA.9999.0121.0047 at 0048.

427 Exhibit 89-02.005, Hearing Block 12, Department of Veterans' Affairs, Response to
Notice to Produce, NTP-DDVA-086, Veterans' Ministerial Council Terms of Reference,
DVA.5067.0001.0152 at 0152–0153.

428 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p xvii.

429 Exhibit 89-02.006, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Produce, NTP-DVA-122, Veterans' Ministerial Council 2023 Annual Report to National Cabinet,
DVA.0050.0001.0001 at .0001.

430 Exhibit F-08.015, State of Queensland, Response to Notice to Give, NTG-QPC-003,
QPC.0003.0001.0001 at 0008–0010; Transcript, Emma Davidson, Hearing Block 12,
18 March 2024, p 94-9469 [9–13]; Transcript, Daniel Andrews, Hearing Block 11,
30 August 2023, p 78-7506 [30–33].

431 Exhibit F-08.015, State of Queensland, Response to Notice to Give, NTG-QPC-003,
QPC.0003.0001.0001 at 0008–0010.

432 Transcript, Emma Davidson, Hearing Block 12, 18 March 2024, p 94-9469 [9–13].

433 Transcript, Daniel Andrews, Hearing Block 11, 30 August 2023, p 78-7506 [30–33].

434 PFLR-8.1 (States and Territories (and the interaction of the Commonwealth and
Commonwealth agencies with the States and Territories), Commonwealth response),
PFL.0028.0002.0001 at 0027.

435 Exhibit 86-01.001, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-112, DVA.9999.0121.0047 at 0053.

436 Commonwealth Treasury, *Federation Funding Agreement Framework Circular No.2021.01*, p 3
(Exhibit VV-01.027, DVS.6666.0001.6292).

437 Interim National Commissioner for Defence and Veteran Suicide Prevention,
Preliminary Interim Report, September 2021, p 42 (Exhibit 01-01.013, Hearing Block 1,
INQ.0000.0001.1584).

438 Transcript, David Harris, Hearing Block 12, 18 March 2024, p 94-9419 [1–6].

439 Exhibit 40-05.010, Statement of Angus J Campbell, Chief of the Defence Force, Response to
Notice to Give, NTG-ACA-001, DEF.9999.0011.0344_R at 0479 [518](f).

440 Transcript, David Harris, Hearing Block 12, 18 March 2024, p 94-9418 [40].

441 Exhibit 101-03.058, Hearing Block 12, 2021 Australian Bureau of Statistics Census – Service
with the Australian Defence Force: Census, STU.0000.0004.0219 at 0223.

442 Transcript, Chantelle Bohan, Hearing Block 10, 18 July 2023, p 69-6654 [10–18]; Transcript,
David Harris, Hearing Block 12, 18 March 2024, p 94-9416 [10–34].

443 Transcript, Daniel Andrews, Hearing Block 11, 30 August 2023, p 78-7497 [4–15].

444 Transcript, Daniel Andrews, Hearing Block 11, 30 August 2023, p 78-7497 [7–15].

445 Exhibit F-08.036, Australian Capital Territory Community Services Directorate, Response to
Notice to Give, NTG-ACC-003, ACC.0001.0001.0009 at 0012.

446 Exhibit F-08.010, New South Wales Department of Communities and Justice, Response to
Notice to Give, NTG-DCJ-001, DCJ.0001.0001.0001 at 0002.

447 Exhibit 20-03.24, Hearing Block 3, Department of Defence, Response to Notice to Produce,
NTP-DEF-029, Australian Government Response to the National Mental Health Commission
Review into the Suicide and Self-Harm Prevention Services Available to Current and Former
Serving ADF Members and their Families, DEF.1029.0001.0360 at 0423.

448 Exhibit 86-01.002, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-130, Veteran Identifier, DVA.9999.0121.0076 at 0079.

449 Exhibit 86-01.002, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-130, Veteran Identifier, DVA.9999.0121.0076 at 0083–0084.

450 Exhibit 86-01.002, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-130, Veteran Identifier, DVA.9999.0121.0076 at 0079.

- 451 National Mental Health Commission, *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families, Final report: Findings and Recommendations*, 28 March 2017, p 55 (Exhibit 47-03.088, Hearing Block 6, DEF.1029.0001.0432).
- 452 Exhibit 20-03.24, Hearing Block 3, Department of Defence, Response to Notice to Produce, NTP-DEF-029, Australian Government Response to the National Mental Health Commission Review into the Suicide and Self-Harm Prevention Services Available to Current and Former Serving ADF Members and their Families, DEF.1029.0001.0360 at 0428.
- 453 Exhibit 86-01.002, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-130, DVA.9999.0121.0076 at 0086.
- 454 Exhibit VV-01.064, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-106, Minutes, IDC – Developing a veteran indicator in Commonwealth data collections, May 2017, DVA.5070.0001.0089 at 0090 (emphasis added).
- 455 Exhibit VV-01.064, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-106, Minutes, IDC – Developing a veteran indicator in Commonwealth data collections, May 2017, DVA.5070.0001.0089 at 0094.
- 456 Exhibit VV-01.064, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-106, Minutes, IDC – Developing a veteran indicator in Commonwealth data collections, May 2017, DVA.5070.0001.0089 at 0094.
- 457 Exhibit 86-01.002, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-130, DVA.9999.0121.0076 at 0087.
- 458 Exhibit VV-01.059, Department of Veterans' Affairs. Response to Notice to Produce, NTP-DVA-069, Minutes, Commonwealth, State and Territory Committee – Royal Commission Updates, May 2021, DVA.5050.0002.0210 at 0210.
- 459 Exhibit VV-01.059, Department of Veterans' Affairs. Response to Notice to Produce, NTP-DVA-069, Minutes, Commonwealth, State and Territory Committee – Royal Commission Updates, May 2021, DVA.5050.0002.0210 at 0210.
- 460 Exhibit VV-01.059, Department of Veterans' Affairs. Response to Notice to Produce, NTP-DVA-069, Minutes, Commonwealth, State and Territory Committee – Royal Commission Updates, May 2021, DVA.5050.0002.0210 at 0210.
- 461 Exhibit 86-01.002, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-130, DVA.9999.0121.0076 at 0089.
- 462 Exhibit 86-01.003, Hearing Block 12, Department of Finance, Response to Notice to Give, NTG-DFI-003, DFI.9999.0004.0001 at 0001.
- 463 Exhibit 86-01.003, Hearing Block 12, Department of Finance, Response to Notice to Give, NTG-DFI-003, DFI.9999.0004.0001 at 0002.
- 464 Exhibit 86-01.003, Hearing Block 12, Department of Finance, Response to Notice to Give, NTG-DFI-003, DFI.9999.0004.0001 at 0002.
- 465 Exhibit VV-01.054, Department of Finance, Response to Notice to Produce, NTP-DFI-002, National Data Sharing Work Program Review Report, DDMM Officials Group meeting – Item 2: Attachment A, March 2022, DFI.0002.0001.2588 at 2590.
- 466 Exhibit 69-02.015, Hearing Block 10, Veterans SA, Response to Notice to Produce, NTP-VSA-002, A Consent Driven Model for Data Sharing: Veterans Health Initiative, Discussion Paper, prepared by Veterans SA and the Office for Data Analytics for the Commonwealth – State Veterans Health Project Team, February 2022, VSA.2000.0001.0001 at 0001–0002.
- 467 Exhibit 69-02.015, Hearing Block 10, Veterans SA, Response to Notice to Produce, NTP-VSA-002, A Consent Driven Model for Data Sharing: Veterans Health Initiative, Discussion Paper prepared by Veterans SA and the Office for Data Analytics for the Commonwealth – State Veterans Health Project Team, February 2022, VSA.2000.0001.0001 at 0002.
- 468 Exhibit 86-01.003, Hearing Block 12, Department of Finance, Response to Notice to Give, NTG-DFI-003, DFI.9999.0004.0001 at 0004.
- 469 Exhibit 86-01.003, Hearing Block 12, Department of Finance, Response to Notice to Give, NTG-DFI-003, DFI.9999.0004.0001 at 0004.
- 470 Exhibit 86-01.003, Hearing Block 12, Department of Finance, Response to Notice to Give, NTG-DFI-003, DFI.9999.0004.0001 at 0004.
- 471 Exhibit 86-01.002, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-130, Veteran Identifier, DVA.9999.0121.0076 at 0092.

472 Service Victoria, 'Veterans Card – Victoria', webpage, www.service.vic.gov.au/services/veterans-card-victoria, viewed 18 June 2024 (Exhibit VV-01.049, DVS.6666.0001.6957).

473 Transcript, Daniel Andrews, Hearing Block 11, 30 August 2023, p 78-7507 [16–17].

474 Transcript, Anthony Plummer, Hearing Block 11, 30 August 2023, p 78-7538 [15].

475 Exhibit 66-01.002, Hearing Block 9, Western Australian Department of Jobs, Tourism, Science and Innovation, Response to Notice to Give, NTG-WAJ-001, Attachment 1, Veterans and Families Strategy, WAJ.0001.0001.0001 at 0008.

476 NSW Government, *NSW Veterans Action Plan 2023–2024*, 2023, p 10 (Exhibit 94-01, Hearing Block 12, DCJ.0005.0038.0001).

477 Veterans SA, *Strategic Outlook*, December 2022, p 5 (Exhibit VV-01.051, DVS.6666.0001.6967).

478 Commonwealth Treasury, *Federation Funding Agreement Framework Circular No.2021.01*, p 1 (Exhibit VV-01.027, DVS.6666.0001.6292).

479 Carl Schiller – Air Force Association, Submission, ANON-Z1E7-Q88F-E, p [5].

480 Transcript, Paul Papalia, Hearing Block 9, 25 May 2023, pp 66-6372 [46]–66-6373 [29].

481 Transcript, Paul Papalia, Hearing Block 9, 25 May 2023, p 66-6375 [29–31]; Transcript, Linda Dawson, Hearing Block 9, 25 May 2023, p 66-6375 [23–27], [33–34].

482 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0038.

483 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 272 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).

484 Australian Government, Budget 2024–25, Budget Paper No. 3, p 62 (Exhibit ZZ-01.042, DVS.7777.0001.1159).

485 Exhibit 78-01.023, Hearing Block 11, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-088, Veterans Wellbeing Taskforce Annual Report to National Cabinet 2022, DVA.0035.0001.0003 at 0003.

486 South Australian Department for Correctional Services, *Veteran Staff, Prisoners and Offenders Strategy and Action Plan 2021–25* (Exhibit VV-01.028, DVA.0005.0002.0743).

487 Transcript, Linda Dawson, Hearing Block 9, 25 May 2023, p 66-6377 [15–20].

488 Exhibit 89-02.006, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-122, Veterans' Ministerial Council 2023 Annual Report to National Cabinet, DVA.0050.0001.0001 at 0002.

489 B Wadham and others, *Research into experiences of ex-serving Australian Defence Force (ADF) personnel in corrective services systems in Australia*, commissioned by the Department of Veterans' Affairs, October 2023, p iv (Exhibit VV-01.063, DVA.5067.0001.0199).

490 B Wadham and others, *Research into experiences of ex-serving Australian Defence Force (ADF) personnel in corrective services systems in Australia*, commissioned by the Department of Veterans' Affairs, October 2023, p ix (Exhibit VV-01.063, DVA.5067.0001.0199).

491 B Wadham and others, *Research into experiences of ex-serving Australian Defence Force (ADF) personnel in corrective services systems in Australia*, commissioned by the Department of Veterans' Affairs, October 2023, pp iii–iv (Exhibit VV-01.063, DVA.5067.0001.0199).

492 B Wadham and others, *Research into experiences of ex-serving Australian Defence Force (ADF) personnel in corrective services systems in Australia*, commissioned by the Department of Veterans' Affairs, October 2023, p vii (Exhibit VV-01.063, DVA.5067.0001.0199) (emphasis added).

493 PFLR 8.1 (States and Territories and the Commonwealth, Commonwealth response), PFL.0028.0002.0001 at 0027.

494 South Australian Department for Correctional Services, *Veteran Staff, Prisoners and Offenders Strategy and Action Plan 2021–25*, p 6 (Exhibit VV-01.028, DVA.0005.0002.0743).

495 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, pp 96-9731 [43]–96-9732 [50].

496 Veterans SA, *Strategic Outlook*, December 2022, p 5 (Exhibit VV-01.051, DVS.6666.0001.6967).

497 Exhibit 78-01.024, Hearing Block 11, The Hon. Daniel Andrews MP, Response to Notice to Produce, NTP-DAA-001, Victorian Recommendations to the Royal Commission regarding Commonwealth Arrangements, DAA.0001.0001.0019 at 0019.

498 Transcript, Chantelle Bohan, Hearing Block 10, 18 July 2023 pp 69-6646 [45]–69-6647 [12].

- 499 PFLR-8.1 (States and Territories (and the interaction of the Commonwealth and Commonwealth agencies with the States and Territories), Commonwealth response), PFL.0028.0002.0001 at 0022.
- 500 PFLR-8.1 (States and Territories (and the interaction of the Commonwealth and Commonwealth agencies with the States and Territories), Commonwealth response), PFL.0028.0002.0001 at 0023.
- 501 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0016.
- 502 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 272 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 503 South Australian Department for Correctional Services, *Veteran Staff, Prisoners and Offenders Strategy and Action Plan 2021–25*, p 11 (Exhibit VV-01.028, DVA.0005.0002.0743).
- 504 Exhibit F-08.036, Australian Capital Territory Community Services Directorate, Response to Notice to Give, NTG-ACC-003, ACC.0001.0001.0009 at 0012.
- 505 Exhibit 69-02.015, Hearing Block 10, Veterans SA, Response to Notice to Produce, NTP-VSA-002, A Consent Driven Model for Data Sharing: Veterans Health Initiative, Discussion Paper, prepared by Veterans SA and the Office for Data Analytics for the Commonwealth – State Veterans Health Project Team, February 2022, VSA.2000.0001.0001 at 0001–0002.
- 506 Andrew Hocking, Centre for Social Impact, *Ganging up on the problem: a collaborative approach to improving the lives of veterans and their families through optimising Australia's veteran support system*, 2018, p 4 (Exhibit L-01.025, DFA.0000.0001.0034).
- 507 Exhibit 93-02.001, Hearing Block 12, Department of Veterans' Affairs, Submission, DVS.0012.0001.1895 at 1923.
- 508 Exhibit 86-01.005, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-151, DVA.9999.0127.0054 at 0055.
- 509 Exhibit 33-01.001, Hearing Block 5, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-006, DVA.9999.0001.0244 at 0244.
- 510 Exhibit 86-01.005, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-151, DVA.9999.0127.0054 at 0055.
- 511 Exhibit L-01.038, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-030, DVA.9999.0022.0015 at 0016–0017; Exhibit L-01.030, Ex-Service Organisations Round Table Terms of Reference 2023, DVS.2222.0001.3383.
- 512 Transcript, Andrew Gee, Hearing Block 5, 21 June 2022, p 33-3140 [5–17].
- 513 Transcript, Peter Kennedy, Hearing Block 12, 12 March 2024, p 90-8961 [19–29].
- 514 Exhibit 33-01.001, Hearing Block 5, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-006, DVA.9999.0001.0244 at 0245.
- 515 Transcript, Andrew Gee, Hearing Block 5, 21 June 2022, p 33-3139 [10–27].
- 516 Exhibit 89-02.020, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-119, Ministerial Brief to the Minister for Veterans' Affairs – Information Brief – ESORT and Governance Arrangements, October 2022, DVA.5080.0001.5139 at 5142.
- 517 Exhibit L-01.046, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-012, National Consultation Framework Review 2020, Summary of Survey Findings, 22 October 2020, DVA.5010.0002.2370 at 2375.
- 518 Exhibit L-01.044, Department of Veterans' Affairs, Response to Notice to Produce, NTP-DVA-010, ESORT Chair's Talking points and Notes, National Consultative Framework Working Group Update, 10 November 2021, DVA.0005.0002.0172 at 0172.
- 519 PFLR-14 (Ex Service Organisations, Commonwealth response), PFL.0029.0002.0001 at 0005.
- 520 Exhibit L-01.040, Warragul RSL Sub-Branch, Submission, SUB.0000.0084.0076 at 0102.
- 521 Exhibit L-01.039, Returned & Services League Australia, Submission, SUB.0000.0034.0785 at 0807.
- 522 Exhibit 86-01.005, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-151, DVA.9999.0127.0054 at 0055.
- 523 Exhibit 86-01.005, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-151, DVA.9999.0127.0054 at 0057.
- 524 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9367 [28–31].
- 525 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0043.

526 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0043.

527 Exhibit 86-01.005, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-151, DVA.9999.0127.0054 at 0057.

528 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0041.

529 Australian Charities and Not-for-profits Commission, 'Maintaining your charity's entitlement
to registration', webpage, [www.acnc.gov.au/for-charities/manage-your-charity/obligations-
acnc/maintaining-your-charitys-entitlement-registration](http://www.acnc.gov.au/for-charities/manage-your-charity/obligations-acnc/maintaining-your-charitys-entitlement-registration), viewed 14 December 2023
(Exhibit L-01.067, DVS.2222.0001.6145).

530 Name withheld, Submission, ANON-Z1E7-QEJ6-W, p [3].

531 Exhibit 76-02.001, Julie-Ann Finney, Witness Statement, FIN.0000.0001.0049 at 0068.

532 Transcript, David Harris, Hearing Block 12, 18 March 2024, p 94-9433 [12–17].

533 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9690 [12–34].

534 AF Scheidl, Submission, ANON-Z1E7-Q174-M, p [2].

535 The Confederation of Service Charities, 'How to join', webpage, [www.cobseo.org.uk/how-to-
join-us/](http://www.cobseo.org.uk/how-to-join-us/), viewed 31 January 2024 (Exhibit 86-01.006, DVS.3333.0001.1282).

536 Transcript, Isaac Ohlin, Hearing Block 12, 12 March 2024, p 90-8961 [36–47].

537 Exhibit 86-01.008, Hearing Block 12, ACT Community Services Directorate, Response to
Notice to Give, NTG-ACC-004, ACC.0000.0001.0055 at 0062; Exhibit 86-01.009, Hearing
Block 12, Department of Premier and Cabinet, Response to Notice to Give, NTG-TSP-004,
TSP.0000.0001.0021 at 0022; Exhibit 86-01.012, Hearing Block 12, NSW Department of
Communities and Justice, Response to Notice to Give, NTG-DCJ-006, DCJ.0008.0001.0001
at 0011; Exhibit 86-01.013, Hearing Block 12, Department of Chief Minister and Cabinet,
Response to Notice to Give, NTG-NTC-004, NTC.0000.0001.0235 at 0238; Exhibit 86-01.015,
Hearing Block 12, Department of Housing, Local Government, Planning and Public
Works, Response to Notice to Give, NTG-QLD-003, QLD.0002.0001.0010 at 0010;
Exhibit 86-01.017, Hearing Block 12, SA Health, Response to Notice to Give, NTG-SAH-007,
SAH.0007.0001.0001 at 0004.

538 Exhibit F-08.014, New South Wales Government, Submission, SUB.0000.0025.00121
at 00143.

539 Royal Australian Air Force Association, *Response by the Representatives of the Defence
Community to the Ministerial Statement on 14th August 2017 Concerning Veterans and their
Families* (Exhibit L-01.028, DVS.2222.0001.1399).

540 The Hon Dan Tehan MP, Minister for Veterans' Affairs, 'Ministerial Statement on Veterans and
their Families', 14 August 2017, p 9.

541 Transcript, Matthew Keogh, Hearing Block 12, 7 March 2024, p 89-8920 [25].

542 Transcript, Emma Whitehead, Hearing Block 12, 12 March 2024, p 90-8953 [3–13].

543 Parliament of Australia, Joint Standing Committee on Foreign Affairs, Defence and Trade,
*Inquiry into the Care of Australian Defence Force (ADF) Personnel Wounded and Injured on
Operations*, June 2013; Productivity Commission, *A Better Way to Support Veterans*, No. 93,
June 2019, vol 2 (Exhibit 01-01.11, Hearing Block 1, INQ.0000.0001.2780); Interim National
Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, 2021
(Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).

544 Exhibit L-01.022, National Forums for Ex-Service Organisations, Submission,
DVS.2222.0001.1440 at 1442.

545 Exhibit L-01.022, National Forums for Ex-Service Organisations, Submission,
DVS.2222.0001.1440 at 1460.

546 Transcript, Peter Kennedy, Hearing Block 12, 12 March 2024, p 90-8952 [32–45].

547 Transcript, Garth Callender, Hearing Block 12, 12 March 2024, p 90-8953 [17–29].

548 Exhibit L-01.022, National Forums for Ex-Service Organisations, Submission,
DVS.2222.0001.1440 at 1442.

549 Exhibit 86-01.008, Hearing Block 12, ACT Community Services Directorate, Response
to Notice to Give, NTG-ACC-004, ACC.0000.0001.0055 at 0062; Exhibit 86-01.013,
Hearing Block 12, Department of Chief Minister and Cabinet, Response to Notice to
Give, NTG-NTC-004, NTC.0000.0001.0235 at 0238–0239; Exhibit 86-01.017, SA Health,
Response to Notice to Give, NTG-SAH-007, SAH.0007.0001.0001 at 0004; Exhibit 86-01.019,
Hearing Block 12, Department of Jobs, Tourism, Science and Innovation, Response to
Notice to Give, NTG-WAJ-004, WAJ.0004.0001.0001 at 0003; Exhibit 86-01.009, Hearing

- Block 12, Department of Premier and Cabinet, Response to Notice to Give, NTG-TSP-004, TSP.0000.0001.0021 at 0022; Exhibit 86-01.012, Hearing Block 12, NSW Department of Communities and Justice, Response to Notice to Give, NTG-DCJ-006, DCJ.0008.0001.0001 at 0011; Exhibit 86-01.015, Hearing Block 12, Department of Housing, Local Government, Planning and Public Works, Response to Notice to Give, NTG-QLD-003, QLD.0002.0001.0010 at 0010.
- 550 Transcript, Matthew Keogh, Hearing Block 12, 7 March 2024, p 89-8921 [7-16].
- 551 Transcript, Alison Frame, Hearing Block 12, 15 March 2025, p 93-9368 [40-42].
- 552 Exhibit 89-02.015, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-161, DVA.9999.0144.0001 at 0003.
- 553 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0041.
- 554 Tasmanian Department of Premier and Cabinet, 'Veterans Programs', webpage, www.dpac.tas.gov.au/divisions/cpp/community-policy-and-engagement/veterans, viewed 18 June 2024 (Exhibit VV-01.029, DVS.6666.0001.6315).
- 555 Tasmanian Department of Premier and Cabinet, 'Veterans Programs', webpage, www.dpac.tas.gov.au/divisions/cpp/community-policy-and-engagement/veterans, viewed 18 June 2024 (Exhibit VV-01.029, DVS.6666.0001.6315).
- 556 NSW Government, *NSW Veterans Action Plan 2023–2024*, 2023, p 10 (Exhibit 94-01, Hearing Block 12, DCJ.0005.0038.0001).
- 557 ACT Government, *Veterans' Employment Strategy 2020*, August 2020, p 6 (Exhibit F-08.038, ACC.0003.0001.0001).
- 558 TAFE NSW, 'TAFE NSW Ranks to Recognition program', www.tafensw.edu.au/study/pathways/ranks-to-recognition, viewed 18 June 2024 (Exhibit VV-01.042, DVS.6666.0001.6747).
- 559 NSW Government, *NSW Veterans Action Plan 2023–2024*, 2023, p 5 (Exhibit 94-01, Hearing Block 12, DCJ.0005.0038.0001).
- 560 Veterans SA, *Strategic Outlook*, December 2022, p 4 (Exhibit VV-01.051, DVS.6666.0001.6967).
- 561 Exhibit 66-01.002, Hearing Block 9, Department of Jobs, Tourism, Science and Innovation, Western Australia, Response to Notice to Give, NTG-WAJ-001, Attachment 1, Veterans and Families Strategy, WAJ.0001.0001.0001 at 0010.
- 562 NSW Government, *NSW Veterans Action Plan 2023–2024*, 2023, p 9 (Exhibit 94-01, Hearing Block 12, DCJ.0005.0038.0001).
- 563 Veterans SA, *Strategic Outlook*, December 2022, p 4 (Exhibit VV-01.051, DVS.6666.0001.6967).
- 564 Veterans SA, *Strategic Outlook*, December 2022, p 3 (Exhibit VV-01.051, DVS.6666.0001.6967).
- 565 NSW Government, *NSW Veterans Action Plan 2023–2024*, 2023, p 11 (Exhibit 94-01, Hearing Block 12, DCJ.0005.0038.0001).
- 566 ACT Government, *Veterans' Employment Strategy 2020*, August 2020, p 6 (Exhibit F-08.038, ACC.0003.0001.0001).
- 567 Shannon Jenkins, 'ACT Public Service awarded for supporting veterans in government', *The Mandarin*, 21 May 2020, viewed 18 June 2024 (Exhibit VV-01.025, DVS.6666.0001.6266).
- 568 Tasmanian Department of Premier and Cabinet, *Tasmanian Veterans' Employment Strategy 2023–2027*, 2023, p 9 (Exhibit VV-01.047, DVS.6666.0001.6935).
- 569 Queensland Public Sector Commission, 'Veterans and ex-Australian Defence Force members #BeHere4Qld', webpage, www.psc.qld.gov.au/behere4qld/veterans.html, viewed 18 June 2024 (Exhibit VV-01.021, DVS.6666.0001.6242).
- 570 Northern Territory Government, *Northern Territory Defence Veterans Strategy*, 2023, pp 7 and 10 (Exhibit VV-01.035, DVS.6666.0001.6622).
- 571 Veterans SA, *Strategic Outlook*, December 2022, p 4 (Exhibit VV-01.051, DVS.6666.0001.6967).
- 572 Veterans SA, *Strategic Outlook*, December 2022, p 3 (Exhibit VV-01.051, DVS.6666.0001.6967).
- 573 Veterans SA, *Strategic Outlook*, December 2022, p 3 (Exhibit VV-01.051, DVS.6666.0001.6967).
- 574 NSW Government, *NSW Veterans Action Plan 2023–2024*, 2023, pp 5–6 (Exhibit 94-01, Hearing Block 12, DCJ.0005.0038.0001).

- 575 The Hon Jacinta Allan MP, Premier, *Helping more Victorian veterans stay in the workforce*, media release, 9 April 2024 (Exhibit VV-01.023, DVS.6666.0001.6252).
- 576 South Australian Department for Correctional Services, *Veteran Staff, Prisoners and Offenders Strategy and Action Plan 2021–25* (Exhibit VV-01.028, DVA.0005.0002.0743).
- 577 NSW Department of Communities and Justice, 'Custodial Operations Policy and Procedures, 1.3 Inmates with prior military service', webpage, correctiveservices.dcj.nsw.gov.au/documents/copp/01-reception/01.03-inmates-with-prior-military-service_unredacted.pdf, viewed 18 June 2024 (Exhibit VV-01.022, DVS.6666.0001.6245).

25 Entitlements and claims processing

Summary

Veterans' entitlements legislation and claims processing delays were a focus of our interim report and its recommendations. We found the legislation was too complex, resulting in confusion and difficulty for veterans.

In addition, there was a substantial backlog of claims, and the Department of Veterans' Affairs (DVA) was taking far too long to process them. This had a significant impact on veterans' mental health and wellbeing, and contributed to increased risk of suicide and suicidality. Significant change was needed.

Since then, the Australian Government has introduced legislative amendments to harmonise and simplify the entitlements system. DVA has also overhauled its claims processing systems by substantially increasing the number of claims processing staff and implementing process improvements, and has cleared the claims backlog.

This chapter examines what else is needed to make the entitlements system as equitable as possible. We look at what else DVA needs to do to ensure recent gains are sustainable in the longer term and further improve veterans' experiences during the claims process. We make recommendations to:

- remove the service differential for permanent impairment compensation and ensure all reserve personnel can access non-liability mental health care
- improve DVA's claims processing model
- expand pilot programs to
 - better support transitioning members with complex medical needs to make claims
 - ensure all claimants can access provisional medical treatment for common conditions
- strengthen transparency and reporting to hold DVA and the Australian Government to account
- significantly increase the percentage of claims determined within 90 days.

As discussed in Volume 1, in this report we prefer the term 'ex-serving member' to 'veteran' as this aligns with our Letters Patent and is often clearer. In this chapter, however, we often use the term 'veteran' in line with the sources we quote.

25.1 Legislative reform

1. The two key components of Australia's veterans' entitlements system are:
 - the legislation that creates the entitlements
 - the Department of Veterans' Affairs (DVA) processes to determine entitlement claims.
2. This section examines the legislation that creates veterans' entitlements, and section 25.2 examines the way in which DVA determines claims.
3. Since the beginning of our inquiry, the entitlements system has been based on three statutes:
 - the *Veterans' Entitlements Act 1986* (Cth) (the VEA)
 - the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth) (the DRCA)
 - the *Military Rehabilitation and Compensation Act 1984* (Cth) (the MRCA).
4. We considered the main details of this complex regime and its effects in our interim report.¹ In short:
 - The VEA creates and authorises pensions for veterans and their dependants, and arrangements for rehabilitation and treatment related to various kinds of service performed before 1 July 2004. It also sets out some entitlements related to service, regardless of when it was performed.
 - The DRCA provides a workers' compensation-style scheme of compensation and rehabilitation for injuries and diseases arising from service before 1 July 2004.
 - The MRCA provides a scheme for compensation and rehabilitation, and some other entitlements, related to defence service performed on or after 1 July 2004. This is for both operational and peacetime service.
5. For clarity and ease of reference, as per our interim report, we use 'operational service' generally to mean warlike and non-warlike service under the MRCA, and operational service (including warlike and non-warlike service types) under the VEA. 'Peacetime service' means peacetime service under the MRCA and most defence service under the VEA.
6. Our interim report found that the legislation providing for veterans' entitlements was unnecessarily complicated.² This complexity 'adversely affects the mental health of some veterans ... and can be a contributing factor to suicidality'.³ Simplification and harmonisation were urgently needed.⁴

7. Previous inquiries and reports, including the Productivity Commission's *A Better Way to Support Veterans* and the *Preliminary Interim Report* issued by then Interim National Commissioner for Defence and Veteran Suicide Prevention, Dr Bernadette Boss CSC, had recommended reform.⁵ However, our interim report noted the then Australian Government had 'failed to act expeditiously and effectively'.⁶ Indeed, 'the failure of the Government of the day to respond meaningfully to the Productivity Commission's recommendations and to simplify and harmonise the legislation amounted to a dereliction of its duty to Australian veterans'.⁷
8. We considered that 'reaching only the "early stages" of development of a legislative reform roadmap more than two and a half years since the release of the Productivity Commission report [was] unacceptable'.⁸ We agreed with Dr Boss that 'incremental changes to a broken system will be insufficient'⁹ and were 'disappointed that the Government of the day may have used this Royal Commission as a reason not to progress reform urgently'.¹⁰
9. Recommendation 1 called on the Australian Government to 'develop and implement legislation to simplify and harmonise the framework for veterans' compensation, rehabilitation and other entitlements'.¹¹ Our recommendation included a schedule to drive urgency. It specifically called for a decision on whether or not to accept key Productivity Commission recommendations and, if not, to 'adopt alternatives that will achieve similar or better levels of harmonisation and simplification'.¹²
10. The Australian Government agreed to this recommendation.¹³ After significant consultation, the Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 (VETS Bill) was introduced into Parliament on 3 July 2024. We are encouraged by the Australian Government and DVA's consultation and engagement with stakeholders. We wish to recognise the findings of the Department of the Prime Minister and Cabinet's Office of Impact Analysis, which concluded that 'the consultation process, and DVA's identification of policy options, was "exemplary"'.¹⁴ We acknowledge and commend the government, DVA and stakeholders on this achievement.
11. Should the VETS Bill pass and become the *Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Act 2024*, it would essentially close off access to new claims under the VEA and DRCA from 1 July 2026, while maintaining existing benefits. The MRCA, with certain enhancements, will become 'the single ongoing Act' that sets out veterans' entitlements.¹⁵
12. At the time of writing, the VETS Bill was yet to be passed and still subject to possible amendments. The following section is based on the content of the Bill as it was originally introduced. We examine key aspects of the likely new veteran entitlements system and what decisions the government has taken in implementing Recommendation 1 of the interim report, and identify further changes needed to ensure legislative entitlements are as equitable as possible.

25.1.1 Reducing complexity – from three Acts to one

13. As set out above, Recommendation 1 of our interim report called on the Australian Government to ‘develop and implement legislation to simplify and harmonise the framework for veterans’ compensation, rehabilitation and other entitlements’.¹⁶
14. As part of this process, we asked the government to accept or reject recommendations in the Productivity Commission’s *A Better Way to Support Veterans* report that related to reforming the legislative framework. We drew attention to five specific recommendations. The scope of matters considered during consultation and the subsequent introduction of the VETS Bill demonstrates the government’s response to these recommendations:
 - (1) Recommendation 19.1 recommended the government create two schemes for veteran support. Although the Productivity Commission’s proposal would have ultimately resulted in one scheme and one Act, the proposal of moving to a two-scheme system was thought to balance simplification with minimising the disruption to existing claimants.¹⁷ Under Recommendation 19.1, the VEA would have served as the basis for scheme one, while the MRCA and DRCA would have been modified to create scheme two.¹⁸ The government has instead elected to greatly simplify and harmonise the system and create one scheme going forward with the MRCA forming the framework for all new claims from 1 July 2026. We endorse this approach.
 - (2) Recommendation 8.1 recommended harmonising the initial liability process across the three Acts.¹⁹ If passed, the VETS Bill will achieve this outcome.²⁰
 - (3) Recommendation 13.1 recommended harmonising the DRCA with the MRCA.²¹ If passed, the VETS Bill will achieve this outcome.²²
 - (4) Recommendation 8.4 recommended removing ‘the distinction between types of service [in effect, operational and peacetime service] when determining causality between a veteran’s condition and their service under the ... MRCA’.²³ In its current form, the VETS Bill retains this distinction. The government has acknowledged they have elected not to progress this recommendation.²⁴
 - (5) Similarly, Recommendation 14.1 recommended implementing a single rate of permanent impairment compensation under the MRCA regardless of the type of service connected to an injury or condition.²⁵ In its current form, the VETS Bill retains the different rates of compensation. The government has acknowledged they have elected not to progress this recommendation.²⁶
15. Overall, the VETS Bill will result in a harmonised scheme, in line with the principles recommended by the Productivity Commission; however, it retains distinctions between different types of service. We discuss these issues in further detail in the following sections.

MRCA as a single ongoing Act

16. The passage of the VETS Bill would create a “single ongoing Act” model,²⁷ with the MRCA as the single ongoing Act, ‘irrespective of where the veteran served or when their injury, illness or death occurred’.²⁸ For the most part, this new model would commence on 1 July 2026.²⁹
17. The VETS Bill would effectively grandparent all existing arrangements and ‘ensure there is no reduction in entitlements currently being or previously received by veterans. Current payment rates are maintained and indexed normally’.³⁰ Adopting an improved MRCA as the single Act is intended to make sure ‘veterans are treated equitably and not disadvantaged because of when they served’.³¹ We have been told it will ‘simplify access to, and improve the understanding of, entitlements for veterans and families, producing an overall harmonised single scheme’.³²
18. To do this, the VEA and DRCA will be closed to new liability and compensation claims from 1 July 2026.³³ The MRCA will be expanded to cover all injuries, diseases and deaths caused or occurring before 1 July 2026 (as well as on and after that day, as is already the case).³⁴ Previously determined claims will be recognised and there ‘will be no need to re-establish liability for conditions already accepted under old Acts’.³⁵
19. The administration of the veteran entitlements system will be simplified and harmonised. The powers and functions of the Repatriation Commission and the Military Rehabilitation and Compensation Commission will be consolidated.³⁶ The Repatriation Commission will administer all veteran rehabilitation and compensation legislation going forward.³⁷ Governance of the Repatriation Medical Authority and the Specialist Medical Review Council will transfer to the MRCA without any change to functions or powers of either body.³⁸
20. Standardisation will extend to provisions that had operated differently across the three main Acts. War widow/er automatic grants will be retained, as will posthumous grants of permanent impairment compensation.³⁹
21. The Bill includes enhancements following consultation with the veteran community, such as:
 - an ‘additional disablement amount’ under MRCA for veterans suffering a high level of impairment (70 points or more) as a result of a condition for which the Commonwealth is liable. This is an adaptation of the VEA’s ‘extreme disablement adjustment’ to certain pensions⁴⁰
 - an increase to \$3,000 for funeral benefits for previous automatic grant categories under the VEA, and reimbursement of funeral expenses for all service-related deaths up to \$14,062⁴¹
 - the availability of the higher travel reimbursement amount for when a private vehicle is used to travel for treatment, regardless of the number of kilometres travelled.⁴²

22. Importantly, appeal pathways for decisions under all three Acts will be standardised before 1 July 2026.⁴³ The review of compensation decisions will be through the Veterans' Review Board.⁴⁴ This implements the Productivity Commission's recommendation for a single review pathway for all claims.⁴⁵

25.1.2 Increased use of presumptions

23. 'Presumptive liability' is an important concept in the context of veterans' entitlements. It means in some instances veterans only need to provide medical evidence they have a particular condition, and supporting evidence they served during a particular period, for the Commonwealth to accept liability. If these two conditions are met, then liability is 'presumed'.
24. The use of presumptions is supported by research. For example, doctoral research undertaken in 2003 by then Veterans Review Board executive officer, Mr Bruce Topperwien, concluded the use of presumptions, particularly in legislation, has 'systemic benefits' and 'advantages'.⁴⁶ These advantages include:
- a claimant is not put to the trouble and expense of producing medical or scientific evidence to support the relevant service connection
 - consistency in decision-making is promoted by legislative recognition of particular modes of connection to service
 - the evidence required to meet the prerequisite presumptive circumstances is usually within the claimant's capacity to provide and is likely to be in, or supported by, official service records
 - the veteran tends to be favoured as the government agency has to produce evidence to rebut a presumption once it is raised. It is therefore both easier for the decision-maker to grant a claim than reject it, and if it is rejected capriciously it is very likely to be accepted on appeal
 - the question whether there is sufficient evidence to raise a presumption is an objective legal standard that can be tested in a court. If there is, a court will require the decision-maker to have given cogent reasons that identify and assess the evidence before it upholds a finding that a presumption has been rebutted
 - veterans can see that there is an objective standard applied to the determination of their claims
 - veterans' organisations are able to marshal their resources to lobby for adding to or improving existing presumptive rules for the benefit of their members as a group, rather than dispersing their limited resources in providing similar expert evidence many times, with uncertain results, for the numerous individual claimants.⁴⁷

25. Currently, there are specific DRCA provisions, known as ‘deemed disease’ provisions, that allow for conditions to be accepted on a presumptive basis.⁴⁸ However, there is no equivalent legislative provision in the MRCA or VEA. To overcome this constraint, DVA has used administrative arrangements to allow for presumptive liability for certain conditions under the MRCA and VEA, known as ‘decision-ready conditions’.

The proposed changes to the MRCA scheme

26. The VETS Bill proposes to introduce ‘presumptive liability’ provisions to the MRCA and make claims processing more consistent and streamlined. It would enable the Repatriation Commission ‘to make an instrument specifying the injuries and diseases that may be accepted on a presumptive basis’.⁴⁹ This change would ensure ‘decision-ready conditions’ are provided for in legislation, and would mean DRCA ‘deemed disease’ provisions apply to all claims made under the new Act. This will harmonise the veterans’ entitlements framework.
27. We are particularly pleased the Australian Government will include the entire list of 83 ‘decision-ready’ conditions and sequelae under the VEA and MRCA in the initial legislative instrument. This will mean presumptive acceptance of conditions will be part of the new legislative framework while continuing the coverage for certain cohorts under the DRCA.⁵⁰
28. We are encouraged by this proposed change, which should help reduce complexity and improve efficiency in the veteran support system. It should reduce delays and reduce the potential for veterans to experience stress in connection with the entitlements system. However, the legislative amendments are only the starting point – unless DVA expands the use of presumptive liability for more conditions, the potential benefits will not be realised. This is further discussed in section 25.2.3.

25.1.3 Differing treatment of service

29. As noted, the Productivity Commission recommended removing the ‘service differential’ from the legislative entitlements scheme but this is not part of the VETS Bill before Parliament.
30. For the purposes of this section, when referring to ‘service differential’ we mean the differing levels of benefits provided to an eligible veteran depending on the type of service activity they were undertaking.

The service differential should be abolished for permanent impairment payments

31. Under the MRCA, entitlements due to operational (warlike and non-warlike service) and peacetime service lead to differing levels of compensation. This will continue under the revised system.

32. According to a brief history of the differential:

A distinction between types of service, ie service on operations and peacetime service in the Australian Defence Force (ADF), has long been used in the determination of access to certain benefits and, in some cases, the quantum of benefits under the Veterans' Entitlements Act 1986 (VEA) and the Military Rehabilitation and Compensation Act 2004 (MRCA).⁵¹

33. The original rationale for applying a service differential to compensation payments is more than 100 years old:

Since the 1920s, Australian governments have afforded higher levels of benefits (and/or easier access to some benefits) to veterans who served in overseas conflicts, compared with peacetime service in Australia.⁵²

34. The use of the service differential to determine levels of benefits for permanent impairment compensation has significant impacts for veterans. Under the MRCA:

The difference at the low end of the scale is consistent at about 80 per cent (ie the rate for operational service is 180 percent of the rate for peacetime service). For more severely impaired claimants (50 or more impairment points), the difference in percentage terms between the compensation amounts diminishes. For claimants with severe impairment (80 or more impairment points), compensation amounts are the same for both operational and peacetime service.⁵³

35. At the time the compensation system and service differential were developed, conditions and wages of ADF members were considerably less than contemporary standards. Military service attracted less than minimum wage, while 'returned soldiers also had a limited social security system to rely upon and had access to only comparatively basic medical and rehabilitation services'.⁵⁴

36. It was in that context that higher rates of injury compensation for operational service were deemed appropriate. These historic factors are far less relevant to modern service. A DVA 2020 committee paper outlining the various considerations for abolishing the service differential stated:

ADF service in 2020 is rendered in circumstances far removed from the service and historical context during which many existing benefits were introduced and developed. Today, service is professionally based, with strict enlistment and training requirements, structured opportunities for career progression, access to medical and rehabilitation services, and comparatively generous pay and allowances – some of which explicitly recognise risk.⁵⁵

37. In our view, consideration of the level of benefit provided to personnel must reflect the nature of modern ADF service. The nature of an injury and its impacts, rather than the nature of service, should be the primary determinant of compensation outcomes. This should occur regardless of whether an injury is assessed as resulting in a relatively low-level impairment or more severe one.

38. In our interim report we discussed the effect of the 'service differential' on veteran entitlements. We set out that:
- ADF members join to serve their country on the understanding that if they are harmed in service, their country will look after them according to their need for care, support and compensation.
 - There are a variety of views on maintaining the service differential in the veteran support system.
 - The Productivity Commission report considered that the veteran entitlements system should 'ideally treat injuries and illnesses of a particular type and severity equally'. It said '[t]o the extent that one ADF member incurs more extreme physical and mental impairments than another, the former should receive a higher level of compensation'. It held that 'distinctions between different types of military service for the purpose of compensation are inequitable, and should be removed or reduced where practicable and cost effective'.⁵⁶
39. In the interim report we said that, in principle:
- the monetary compensation paid for pain and suffering should be based on the level of pain and suffering, not on how the condition causing it occurred. And we believe that the compensation paid for impairment or loss of income should be based on the impairment and loss of income rather than on the service being undertaken when the impairment was caused.⁵⁷
40. We concluded that the Australian Government 'should remove the distinction between the different types of military service when prescribing the level of care, support and compensation provided to veterans'.⁵⁸
41. We noted this aligned with the Productivity Commission's *A Better Way to Support Veterans* report Finding 4.1:
- 'for compensation and support the distinction between different types of military service should be removed where it is both practicable and cost-effective to do so'. The Productivity Commission acknowledged that 'distinctions between different types of military service for the purpose of compensation are inequitable' and that the 'basis for providing support should be need, not how or when an injury or illness was acquired'.⁵⁹
42. We recommended when developing a harmonised entitlements scheme, the Australian Government consider two particular aspects of the service differential the Productivity Commission had highlighted:
- the standard of proof that applies when determining causality between a veteran's condition and their service under the MRCA, noting a lower standard is applied for operational service compared to non-operational service (Recommendation 8.4)
 - the amount of compensation payable for permanent impairment in relation to accepted conditions (Recommendation 14.1).⁶⁰

43. However, the VETS Bill continues the use of the service differential for determining both the causality between a condition and service, and the amount payable for permanent impairment compensation.

The approach to permanent impairment compensation should be the same regardless of how a condition developed

44. Since the Bill was released, the Australian Government informed us the service differential has been the policy of successive governments and reflects a view that 'service in warlike and non-warlike operations compared to peacetime service is worthy of additional support'.⁶¹ However, merely because something is existing policy does not mean the policy represents the best option.
45. In our interim report, we said the Australian Government must resolve 'whether or not there is any proper or necessary role for the service differential' so 'a properly simplified and harmonised legislative system for veterans' rehabilitation and compensation can be achieved'.⁶²
46. We note the government's 2023 Legislation Reform Pathway consultation document for the veteran community stated it proposed not to progress the Productivity Commission's Recommendations 8.4 and 14.1.⁶³ As a result, the 2024 consultation on the exposure draft of the legislation considered any submissions relating to removing the service differential were 'out of scope'.⁶⁴
47. Despite this, the explanatory memorandum for the VETS Bill states consultation with stakeholders resulted in retaining two standards of proof when applying Statements of Principles (SoPs).⁶⁵ SoPs are legislative instruments containing lists of factors the Repatriation Medical Authority has determined as causative of a particular condition or disease, as discussed in section 25.3.3.
48. The Commonwealth told us this approach 'recognises that claims relating to service in conflicts may be more difficult to assess due to the circumstances of that service'.⁶⁶ We acknowledge and accept this rationale may be relevant for determining the causality between a veteran's condition and specific aspects of their service.
49. However, we are not persuaded that the service differential should continue to apply for permanent impairment compensation.
50. Army veteran and founder of homelessness service Homes for Heroes, Mr Geoff Evans, told us what the service differential looks like in practice. Mr Evans, who served on the Prime Ministerial Advisory Council on Veterans' Mental Health from 2014 to 2020 and is the Disaster Relief Australia CEO, told us:

In my experience, mental health issues impact veterans regardless of whether the veteran was operationally deployed. I therefore coined the phrase 'service is enough'. It did not matter whether you deployed overseas, or whether you had been injured in service. Whether you broke your leg in Afghanistan or broke your leg in training, the injury was the same and I found the same effect with mental

health. The symptoms of the illness were the same regardless of where they occurred. However, there was an added challenge for those injured in training because they suffer a sense of guilt. 'I was ONLY injured in training.' I found helping veterans to overcome this sense of guilt a difficult challenge. We always had a saying: 'service is enough', you did what your country asked you to do. How and where you were injured is not your fault.⁶⁷

51. Whether or not an ADF member participates in warlike, non-warlike or peacetime service is rarely, if ever, within a member's control. However, the type of service a member has rendered can have a significant impact on the level of permanent impairment compensation they may receive.
52. Defence personnel undertake a wide variety of inherently dangerous and potentially traumatic activities during their service. How Defence classifies an activity – be it warlike, non-warlike or peacetime – does not determine how and to what extent a member may be physically or mentally injured as a result of their service.
53. For example, in Hearing Block 2 we heard from Navy veteran 'BR2', who had served on Operation Resolute undertaking maritime border enforcement activities. Operation Resolute is described by Defence as the ADF's 'contribution to the whole-of-government effort to protect Australia's borders and offshore maritime interests'.⁶⁸ BR2 explained the operation was classified as 'peacetime service' but involved personnel undertaking physically dangerous activities at sea and deeply distressing work that had a lasting impact on them.⁶⁹
54. BR2 described attending the scene of a maritime disaster where only bodies and debris could be found.⁷⁰ The bodies were decaying and body parts detached when the ADF members tried to pull them from the water.⁷¹
55. BR2 described the impact of this peacetime operation on him and on fellow Navy personnel, which they have struggled with for years.⁷² This was repeated in numerous other submissions we received. It makes little sense to us that a differential exists when the impact of service does not abide by such distinctions.
56. Nonetheless, the Australian Government maintains that there is merit in providing 'additional support' to members undertaking warlike and non-warlike service. In part we agree, and note that the current system does so. We draw attention to the provision of additional financial entitlements for members deployed on warlike and non-warlike service in recognition of the potential for greater adversity. We understand this to be the reason why members rendering these types of service are provided better 'rates of pay, service conditions, and housing'.⁷³ This may include tax-free status on income received on deployment, which can be a substantial additional financial entitlement for such service.⁷⁴
57. We recognise there are a multitude of views about applying the differential to compensation for permanent impairment, including within the veteran and ex-serving community. We accept the differential may have been appropriate when it was originally developed, but we do not consider it fit for purpose in a modern benefits system with a genuine focus on fairness and consistency.

58. We have heard extensive evidence about the frustrations experienced by ex-serving members when navigating the compensation process. We contend that removing unnecessary distinctions in the level of benefits provided will help alleviate those frustrations. If the intention of compensation for injuries is to enable personnel to access the required support and successfully move forward with their lives, a more equitable approach to determining the quantum of benefits will significantly help achieve that outcome.
59. We are aware some stakeholders hold a view that ‘the nature of [operational] service, compared to non-operational service, warrants special recognition in the way compensation is provided’.⁷⁵ We maintain that regardless of what service type led to a member sustaining an injury, they have still sustained an injury in the course of serving their nation.
60. In Hearing Block 5, we asked the then Chief of the Defence Force, General Angus Campbell AO DSC, whether or not members should receive additional benefits as a result of being deployed overseas or serving in warlike situations, apart from being paid additional remuneration at the time. He told us:
- Yes, I believe that ADF personnel should be eligible for additional benefits, but no, I don’t think they should be differentiated by nature of service. I think exceptional service in any circumstance should be recognised through the Honours and Awards System.⁷⁶
61. As we highlighted in our interim report, General Campbell also said:
- The nation’s responsibility to support its service personnel to enable their wellbeing is an inherent and reciprocal duty of the State and arises irrespective of the nature or circumstances of the service they are directed to perform. If your need for assistance arises because of a period of service, you should be supported and/or, where relevant, compensated.⁷⁷
62. DVA has emphasised the decision to remove the service differential is one for the Australian Government.⁷⁸ However, it has recognised removing the service differential would reduce system complexity and result in fairer permanent impairment compensation outcomes. In a submission to the 2019 Productivity Commission Inquiry, DVA stated:
- changing the arrangement would notionally result in a fairer and more equal outcome to veterans regardless of their service status (and would also reduce some MRCA permanent impairment system complexity).⁷⁹
63. The VETS Bill presented a unique opportunity to remedy the discrepancy created for ex-serving members who sustain permanent impairment as a result of their service. However, the consultation process for the VETS Bill did not allow for this issue to be considered as it was held to be ‘out of scope’. In the absence of reform, the levels of benefits provided to members will continue to vary based on the definition of service they, or the Defence member to whom they are related, performed.

64. We understand changing the use of the service differential for the provision of permanent impairment compensation will have budgetary implications. However, we reiterate in our view it is not justified to treat permanent impairment compensation for injuries sustained in peacetime events differently to those sustained in operational service. The application of the service differential to permanent impairment compensation brings complexity to the veterans' entitlements system, and obvious financial disadvantages for some Defence members who have served their country. It is also likely to be harmful to the wellbeing of some serving and ex-serving members.
65. Retaining the service differential is not appropriate for determining the level of benefits provided to veterans, and no longer reflects the modern conditions of military service. The service differential should be abolished for permanent impairment compensation. However, the precise form legislative amendments should take, to deliver a revised model for permanent impairment compensation primarily determined by the nature of impairment, needs to be developed in consultation with the veteran community. Echoing the Productivity Commission's report and noting the potential Budget implications, it may be that any change will need to be staggered and forward looking.

Non-liability health care coverage for reservists

66. Some stakeholders raised concerns that certain reserve personnel may have different entitlements to serving ADF members, particularly in relation to the extension of non-liability health care entitlements for mental health conditions.
67. We discuss non-liability health care in more detail in Chapter 18, Health care for ex-serving members. We note that reservists are only eligible to access treatment for mental health conditions under non-liability health care arrangements if they have:
- (a) rendered a period of continuous full-time service;
 - (b) participated in any Disaster Relief Service or Border Protection operations (such as Bushfire Assist 2019–20 or Operation Resolute); or
 - (c) been involved in a serious service-related training accident.⁸⁰
68. Major General Paul Irving AM PSM RFD (Retd), National President of the Defence Reserves Association, told us about the support for reservists under the current framework. He agreed that 'access to treatment for mental health is absolutely critical in reducing the incidence of self-harm'.⁸¹ Under current non-liability health care arrangements, he agreed that someone who had served in the reserves for 40 years might not be eligible for the benefit on a 'technical criterion'.⁸²
69. A submission endorsed by the Returned and Services League of Australia, the Defence Force Welfare Association, the Defence Reserves' Association, the Alliance of Defence Service Organisations, the TPI Federation, the RAAC Corporation, the 4/19 Prince of Wales's Light Horse Regiment Association and Mr Andrew Sloane, Veteran Advocate, sets out that:

Reservists do their initial military training at the same establishments as Regular ADF and undertake the same induction, skill, and physical training. Similar standards are required.

Regulars are eligible for non-liability mental health treatment after one day of the same service as Reservists complete⁸³

70. The submission points out that non-liability health care arrangements for mental health become available to permanent ADF members essentially because they have 'signed up'.⁸⁴ The submission discusses how a reservist may claim for compensation for injury or disease as a result of their reserve service and that 'it is a contradiction that a part-time Reservist may claim compensation and associated benefits but is not entitled to the demonstrated benefits of prompt and seamless access to mental health care'.⁸⁵ We agree. The benefits of early access to mental health treatment are well known and are central to the terms of our inquiry.

Recommendation 90: Remove the service differential for permanent impairment compensation and expand mental health support to all reserve personnel

The Australian Government should:

- (a) remove the service differential as it relates to permanent impairment compensation
- (b) extend non-liability health care for mental health conditions to all reserve personnel.

25.2 Claims processing

71. In our interim report we examined how engaging with the claims processing system was a source of stress for some veterans.⁸⁶ This stress was due to the complexity of the system and underlying legislation, and the subsequent delays in getting decisions on claims once they were submitted to DVA.⁸⁷
72. In section 25.1 we examined progress to date on reducing legislative complexity, and recommended changes to ensure legislative entitlements are equitable. In this section we examine the claims processing system, its impact on veterans and what needs to change to ensure it is as efficient and trauma-informed as possible.

25.2.1 The importance of efficient and trauma-informed processing

73. In our interim report, we observed that poor experiences of the claims processing system can have a serious impact on veterans' mental health outcomes, and 'may be a contributing factor to suicidality'.⁸⁸ This aligns with research findings.

Impact of claims processing on veterans' mental health

74. In 2018, Phoenix Australia completed a literature review and desktop study commissioned by DVA on the mental health impacts on claimants and their families of the compensation claim assessment processes. Phoenix Australia found that much of the documentation:

either explicitly stated or strongly implied that complexity and lack of clarity surrounding the claims process, combined with lengthy delays and other frustrations, serves to increase the stress of the experience for veterans and contributes to the development and/or exacerbation of mental health issues.⁸⁹

75. In 2019, DVA commissioned Professor Alex Collie to 'review the Phoenix report and to further explore potential for DVA actions that may mitigate potential mental health impacts of its compensation claims processes'.⁹⁰ Professor Collie found that 'DVA claims processes appear to have multiple features that could, for some veterans, contribute to the onset or exacerbation of a mental health condition'.⁹¹ He noted while DVA compensation claims processes were 'unlikely to be the sole cause of psychological ill health', the 'consequences may be catastrophic and include multiple reported cases of suicide and self-harm'.⁹²
76. Similarly, the *Preliminary Interim Report* of the Interim National Commissioner for Defence and Veteran Suicide Prevention acknowledged the reasons people die by suicide are complex and variable, and it's not possible to point to a single cause of suicide – often, a combination of biological, psychosocial and psychological factors contribute. However, the report also found that 'challenges navigating DVA' contribute to increased risk, stating 'the claims process can be as traumatic as the original injury'.⁹³
77. We heard about the impacts of claims processing directly from veterans, with one telling us:

It was only last year, AFTER trying to kill my self that the permanent impairment case from 2015 was resolved, I still have many other claims with DVA that I am trying to get processed, but it is a nightmare, paperwork goes missing, the evidence they ask for is ridiculous, and everything just takes way to long. It was the waiting, the uncertainty, the constant pain and financial issues that lead me to try and end my life.⁹⁴

78. In 2021, we heard evidence from Mr Ivan Slavich, the then Chief Executive Officer of Soldier On, which completed a thematic study of veterans' experiences with DVA. Mr Slavich described poor experiences with DVA as a 'secondary trauma', which in some cases was linked to suicide and suicidality:

we find there is a secondary trauma. The experience of participants was akin to a secondary trauma with regard to dealing with DVA. The secondary injury occurs where that is an insensitivity or lack of effective response, assistance, protection or intervention at an institutional level, when that institution or agency is responsible for providing services or protecting its clients.

...

There's complexity and inefficiency in the DVA claim assessment process. Most [study] responders related to admin complexities and inefficiencies in the DVA claims process. The complaints included difficulty in assessing accurate information, lack of clarity about the process, lengthy delays, stressful medical assessments, process focused rather than client focused.

These problems have led to frustration, anger, distress and in some cases despair for the participant. I sit on the Sufferings of War Committee at the Australian War Memorial and there are a number on that committee who have – unfortunately, some of them have died by suicide and it is often related to this particular issue of the secondary trauma that took place. There was a feeling that there was no sense of going anywhere and the only way out was to take their own life.⁹⁵

79. In our final Hearing Block, Dr Karen Bird, mother of the late Jesse Bird who died by suicide at the age of 32, put it simply: 'I just think veterans actually need to be treated like human beings'.⁹⁶ Dr Bird gave evidence highlighting the 'huge potential for [DVA administration] doing great harm and that's what happened to Jesse, great harm was done to him'.⁹⁷ Across her statements to this Royal Commission she highlighted that DVA itself had found its processing of Jesse's claims was inconsistent with legislation and 'red flags' that should have prompted action were consistently missed.⁹⁸ She said she remained 'very concerned that, despite all of the review and recommendations to date, there is a continuing failure to acknowledge, address and learn from history'.⁹⁹
80. In April 2020, Ms Elizabeth Cosson AM CSC, then DVA Secretary, gave evidence to the Coroner investigating Jesse Bird's death:

I want to clearly acknowledge that there were failures by DVA surrounding the management of Jesse's case and that there is no doubt in my mind that these failures contributed to Jesse's decision to take his own life. When Jesse needed us most, DVA was not there. I am determined that DVA continues to change so that the risk of a veteran not being heard and supported in future is reduced to the maximum extent possible.¹⁰⁰

81. However, since then and throughout this inquiry, the Australian Government and DVA officials have demonstrated varying levels of willingness to acknowledge the link between DVA's claims processing practices and the risk of suicide and suicidality.

82. In September 2021, DVA submitted an 'Initial Background Paper' in which it:

recognises that its services, approaches, processes and culture have not always kept pace with the changing needs and expectations of the veteran community. DVA has listened to feedback from the veteran community, and multiple reviews and inquiries over time, which have indicated that improvements are required. DVA continues to make ongoing changes to its policies, programs and service delivery arrangements and has revitalised its engagement with the veteran community

...

Some of the reports into military compensation ... assessed that DVA's processes can be difficult to understand, access and navigate, and at times this means that DVA may appear to be insensitive and unresponsive to the dynamic needs of veterans and their families. DVA has made improvements to the client experience but acknowledges that some veterans still report frustration with the system, particularly with the current claims backlog and processing times. DVA will continue to focus on identifying ways to simplify the claims processing processes.¹⁰¹

83. Also in September 2021, DVA engaged McKinsey & Company to conduct a 'diagnostic review' of its claims processing system.¹⁰² In the following weeks, the then Minister for Veterans' Affairs, the Hon Andrew Gee MP, pressed for McKinsey & Company to meet with the families of some of whose loved ones had died by suicide in the context of making a claim for entitlements.¹⁰³ In a follow-up briefing, Ms Cosson responded:

... I do recall this conversation and acknowledge your intent in wishing to engage with veterans and families about their experience of the claims process, and I indicated my general support. However, I do not recall you instructing the Department to arrange for McKinsey and Co to specifically engage with families of veterans lost to suicide. I would have registered my deep concerns about the impact such an engagement would have on those families, who have already been traumatised ...

I agree that appropriate consultation with veterans and their families more generally is of benefit to the work of McKinsey and Co ...

Upon further reflection, while I would of course be happy to facilitate a broader engagement with veterans and families with McKinsey and Co, I am not able to support any approach where there is a specific focus on families who have lost a loved one to suicide or any connotation that there is a direct causal link between delays in claims processing and an individual's decision to take their own life.

I register my concern with the recent media commentary that there is a direct link, particularly when a Royal Commission into Defence and Veteran Suicide has been charged with an inquiry into suicide.

... [F]ocus on families who have lost a loved one to suicide may create an inference there is a direct causal link between delays in claim processing and an individual's decision to take their own life. This is not a correct inference.¹⁰⁴

84. In February 2022, DVA Deputy Secretary, Ms Vicki Rundle PSM, noted the complexity of suicide while conceding that delays in claims processing could increase the risk of suicide and suicidality:

[Counsel Assisting:] ... in your opinion, are delays in claims process at DVA ... capable of raising the risk that veterans making those claims could take their own lives?

[Ms Rundle:] ... the evidence and all the literature that I've read would suggest that definitely delay in claims processing can cause impacts to mental health and wellbeing. The extension of that to does it directly ... do they directly cause suicide, I'm not an expert in this area but I would say that from my readings of the literature and working in related fields for many years, that my understanding is that one taking one's death by suicide is multicausal and it is much more complex than one causal factor.

[Counsel Assisting:] ... I will restate my question. I think you are saying that the answer to the question is 'Yes', but I will give you another chance to answer it ... [A]re delays in claims processing at DVA capable of raising the risk that veterans making those claims could take their own lives? ...

[Ms Rundle:] ... yes, I think that's possible.¹⁰⁵

85. In March 2022, Ms Kate Pope PSM, Deputy President of the Repatriation Commission, acknowledged claims processing can be a contributing risk factor:

[Counsel Assisting:] And does the DVA accept that ... these issues can extend so far as to be contributing factors to suicidality?

[DVA official:] Yes, we have put on the record previously that each instance of suicide while tragic is unique and a range of factors contribute, but it's not unreasonable to think that an overwhelming process that affects someone in that way could be a contributing factor.¹⁰⁶

86. In April 2022, Ms Cosson agreed with the proposition that claim processing delays are capable of being a factor that contributes to increasing the risk of a veteran dying by suicide.¹⁰⁷

87. The current DVA Secretary, Ms Alison Frame, also acknowledged that DVA has failed some veterans and this must be addressed:

It is also distressing to acknowledge that we, as a Department, have failed some members of our veteran community as evidenced before this Royal Commission. This is a key issue that needs to be addressed and I consider the Royal Commission has provided an opportunity to improve DVA services and their impact and outcome.¹⁰⁸

88. Ms Frame directly apologised to veterans and families for the 'hurt and distress' DVA practices had caused.¹⁰⁹
89. Despite this direct acknowledgement and apology from DVA's senior leaders, the Commonwealth's position at the end of our inquiry was to 'disagree' with the proposition that 'poor experiences with DVA have contributed to mental health issues, increased risk of suicide and suicidality and some suicides'.¹¹⁰
90. We have considered all of the Commonwealth's arguments in support of its position, but it is sufficient here to address the main three.
91. First, the Commonwealth claims the proposition 'does not acknowledge the full context ... that the precipitants of mental ill-health, suicide and suicidality are complex and multifactorial'.¹¹¹ However, this acknowledgement is implicit in the term 'contributed', and we have clearly recognised the complex, multi-factorial nature of suicide and suicidality throughout this final report.
92. Second, it claims we are not permitted to reach a conclusion regarding individual suicides because it would be 'contrary to the direction in the Letters Patent that the Royal Commission should not make findings about the manner and causes of individual deaths'.¹¹² It said this is because our terms of reference state we are 'not required ... to make findings on the manner or cause of death in relation to a particular defence and veteran death by suicide'. That is not a prohibition on doing so.
93. Third, it claims the proposition is 'not supported by evidence' or, at least, not by any disclosed 'coronial findings [that] have verified that the relevant individuals died by suicide, and that their engagement with DVA was a contributing factor to their decisions to end their lives'.¹¹³ It is true that our focus has been on systemic issues, as required by our terms of reference, but there unquestionably have been individual veteran suicides to which DVA's performance has contributed. The evidence before us includes the finding of Coroner Jacqui Hawkins in Victoria that Jesse Bird died by suicide in circumstances that included:

great difficulty navigating the complexities of the DVA compensation system, due to complicated and repetitive paperwork and processes, and a genuine lack of understanding of what he was legally and medically required to do and the reasons why. I accept that Jesse also experienced difficulties navigating these processes due to his mental illness, which tended to overwhelm him and cause additional anxiety. The mountainous paperwork, complex terminology, extensive

legal and medical requirements, subsequent delays and financial stressors all appear to have exacerbated his mental illness. It appears his resilience and ability to cope with those pressures were exhausted.

The evidence indicates that at the time of Jesse's death, DVA was claim-based rather than veteran focussed, and to Jesse, appeared adversarial rather than beneficial. I find that the lack of adequate and accurate communication from DVA personnel to Jesse was problematic, in the sense that it was not a personalised service focused on Jesse, the individual. Instead, Jesse's perception was that he was treated as burdensome and if paperwork had not been filed accurately, he was financially disadvantaged. There appeared to be a lack of care, attention and proactive support, leaving Jesse with the belief that the only choice he had was to give up. This perception was evident in Jesse's written complaint to DVA on 23 June 2017.

I find that DVA failed to lodge Jesse's August 2016 claim, contrary to DVA policy and legislation, in an apparent response to resourcing pressures. It appeared that the unwritten practice had become established due to resourcing constraints ... The only proper factual finding that can be made is that it was a practice contrary to DVA policy and legislation, as has been properly conceded by DVA.

I find that the subsequent rejection by DVA of Jesse's claim for permanent impairment devastated Jesse and this was a crucial turning point in his mental health which significantly declined in the setting of his increasing hopelessness. The method of sending the rejection letter via post without any personal interaction with Jesse to inform him of the determination, explain the reason for the rejection or to provide him advice about his options, lacked appropriate compassion and empathy, aggravating his mental state.¹¹⁴

94. We are satisfied that DVA's claims processing practices have contributed to stress in some veterans, to mental health problems for some of those veterans and to the suicide of some veterans. This is not to say that any suicide can be attributed solely to DVA, or any other issue.
95. However, these impacts highlight the need for claims processing to be undertaken as efficiently as possible, using client-centred and trauma-informed practices. Never again should the administrative practices of an Australian Government department contribute to the increased risk of suicide and suicidality for veterans, or any other Australian citizen.

Impact of claims processing on DVA staff and culture

96. While significant improvement is needed, we also acknowledge that the DVA staff who are responsible for designing and running the claims processing system do not have an easy job. The legislation tries to cover the huge variation in individual circumstances relevant to determining entitlements, and is complex as a result.

97. The circumstances to which the law must be applied can be difficult. Most claims involve some kind of health issue and many involve difficult health issues. Furthermore, claims often arise out of events that happened years earlier, some in circumstances with which civilian DVA staff may be unfamiliar.¹¹⁵ Many veterans have served for long periods and in dangerous roles and have multiple, interacting injuries and diseases. There can be large volumes of medical records and military service records to consider – and they are not always well-organised or easily interpreted.
98. During Hearing Block 4, Mr Gerard McAleese, senior solicitor with Legal Aid NSW's Veterans' Advocacy Service, noted 'everyone has to interpret and apply the law and if the law is really complex to interpret and apply then that's going to have a downstream effect on how it's administered by DVA'.¹¹⁶

Client Benefits Division

99. DVA's Client Benefits Division is responsible for processing compensation claims. The First Assistant Secretary, Ms Natasha Cole, gave evidence about the challenge facing delegates – that is, those staff responsible for investigating and deciding claims. She told us that 'it is quite a complex system to learn and to understand and to navigate through'.¹¹⁷
100. The introduction of the VETS Bill is an important step in reducing claims system complexity. However, given the nature of military service, varying individual circumstances and the extended time periods that can occur between when an injury is sustained and when a claim may be made, we accept there will always be a degree of complexity that DVA must manage.
101. A submission from a veteran made the important point that individual employees were not to blame:

DVA is very hard to navigate. I do not believe it is primarily the fault of the employee, I feel they are not supported and not funded or structured efficiently. It is not uncommon to have an email ignored, phone calls never returned or finding an answer to a problem. I also found it frustrating when a decision was made there are certain entitlements that may be available which are not identified.¹¹⁸

102. Ms Alison Frame was appointed DVA Secretary in January 2023, and told us that:

At the time of commencing as Secretary, my impressions of DVA were of a Department that had been under enormous pressure but one that was starting to see the benefits of increased resources and that remained focused on providing quality services for veterans and their families throughout.

In every corner of DVA, I have met dedicated, enthusiastic and compassionate people who are deeply committed to doing the best they can for the veteran community.

...

Across the whole Department, from my senior executives, to those frontline staff answering the phones, I have seen people truly committed to delivering the best outcomes for everyone in our veteran community.

I have seen a desire to improve things and to service veterans and families appropriately. Staff are engaged in making change, improvements and assisting veterans and families.¹¹⁹

103. However, Ms Frame was also cognisant of what this Royal Commission had heard about how DVA's organisational culture affects claims processing practices, and the subsequent impact on veterans. As a result, 'in direct response to questions from the Royal Commission [in 2023] ... about how [DVA] could feel confident or whether we were, indeed, confident that there wasn't an adversarial culture in the Client Benefits Division',¹²⁰ Ms Frame commissioned an independent study, and the findings were reported in 2024 in *A Cycle of Impacts*. We commend Ms Frame for her leadership and for seeking to better understand the culture of the division.

104. The study's 'overall' finding was that:

DVA does not currently have an adversarial culture with regard to its service delivery ... DVA Claims staff are highly committed and dedicated to serving the needs of Veterans and their families; they take this responsibility seriously and, overall, with empathy and compassion.¹²¹

105. The study also found that:

DVA staff believe strongly in the system of compensation for Veterans, that very few Veterans take advantage of the system, and that very few current DVA staff hold a view that Veterans receive an excessive number of entitlement and benefits.¹²²

106. However, the study also found 'a range of internal complexities and issues that potentially impact the ability of Client Benefits Division staff to effectively serve Veterans and their families':¹²³

several current pressures and practices create 'a cycle of impacts' that serve to undermine staff satisfaction with and confidence in their role and perceived sense of achievement of outcomes, and their ability to effectively serve Veterans and their families. These issues include:

- Current training opportunities (orientation of new staff and professional development) are inconsistent and do not fully meet the needs of Claims staff, particularly the most recently appointed.
- There are significant concerns about day-to-day supervision and support for Claims staff to put their training into practice. There are pockets of excellence which have arisen locally and tend to remain 'local', applied by individual team leaders, rather than seen as opportunities to learn and apply more broadly to a consistently strong formal cultural model.

- High workloads / caseloads stifle Claims staff's ability to respond efficiently and effectively to Veterans and their families. Similar high workloads of their supervisors and pastoral support staff, flowing on from these high caseloads, mean they are 'time-poor' in being able to adequately support Claims staff.
- Siloed, hierarchical and fragmented communication, access and information sharing processes across the Claims pathway, combined with 'over-investigation', have potential to create 'us and them' attitudes which can undermine trust and cohesion between roles and Divisions.

DVA staff voice strong support for the model of practice, but the above pressures mean that the model is not consistently delivering best practice to Veterans and their families.¹²⁴

107. Relatedly, the study also found claims staff felt 'overwhelmed':

Claims staff, most of whom were relatively new to DVA and its culture, expressed views that suggested they were just trying to do the best they could within a system in which they felt largely overwhelmed.¹²⁵

108. While it is positive the study did not find there was an 'adversarial culture' in the Client Benefits Division and that staff were committed to serving veterans and their families, its other findings are concerning. There is a clear relationship between staff's ability to meet veterans' needs, the training and support they are provided, and the design of the claims processing system. We consider these elements in detail in sections 25.2.2 and 25.2.3.

25.2.2 Clearing the backlog and improving processing times

109. We provided a detailed explanation of how claims are made and processed in our interim report, and will not replicate that here.¹²⁶ However, the following provides a brief overview of the process for lodging and determining claims, and the target processing timeframes that apply to each stage, as well as reforms that have been introduced by DVA since our interim report.

An overview of claims processing

110. Two main types of claims are made under the veteran support system. These can be commonly understood as claims for initial liability, which determine whether a condition is connected to military service, and claims for financial compensation based on the impacts of that condition. Following a determination on an initial liability claim, depending on the relevant Act, a needs assessment is conducted to determine next steps, including financial compensation. Annexure 25.1 provides an overview of the process for determining initial liability, undertaking a needs assessment and then determining compensation.

Lodging a claim and the role of Claims Support Officers

111. As noted above, veterans often require support to lodge a claim with DVA. In response DVA has recently made improvements designed to make claims lodgement more accessible.
112. Depending on the type of claim, veterans can lodge a claim online via MyService or by submitting a paper form.¹²⁷ Claims must include supporting information from the veteran and their medical practitioner/s. In addition, supporting documents should be included (for example, ADF service history and relevant incident reports) if the veteran has access to them.¹²⁸ Incomplete information and supporting documents leads to processing delays.¹²⁹
113. DVA told us its internal analysis showed ‘approximately 89% of new claims required further information on registration’, including:
- (a) Medical evidence to support a diagnosis and/or impairment rating;
 - (b) Detailed service information from the Department of Defence ... or;
 - (c) Statutory declarations from claimants as evidence of an event that is not otherwise documented within their Defence record, for example bullying or harassment.¹³⁰
114. A McKinsey & Company review of the DVA claims system in November and December 2021 found:
- Six major pain points are evident across DVA’s claims process, with delegates being allocated incomplete claim applications being a primary driver of bottlenecks in claim processing; this results in time spent waiting to obtain adequate information, particularly from external medical providers.¹³¹
115. To reduce the number of incomplete claims being allocated to delegates, DVA introduced the Claims Support Officer (CSO) role.¹³² CSOs process the first stages of initial liability and permanent impairment compensation claims, such as checking the adequacy of supporting evidence and requesting more evidence if required. CSOs do not have the power to require veterans to undergo a medical examination, but can recommend to delegates that they take that step.¹³³
116. In March 2024, DVA introduced CSO accreditation ‘to further embed consistency and quality’:
- The accreditation process involves an assessment of skills and competencies across keys areas such as system use and navigation, legislative understanding, records management and client communication. Successful trainees receive accreditation when they can demonstrate the required competencies at the completion of their training program.¹³⁴

117. DVA told us the introduction of CSOs has reduced claims processing times.¹³⁵ These are examined in the following section.

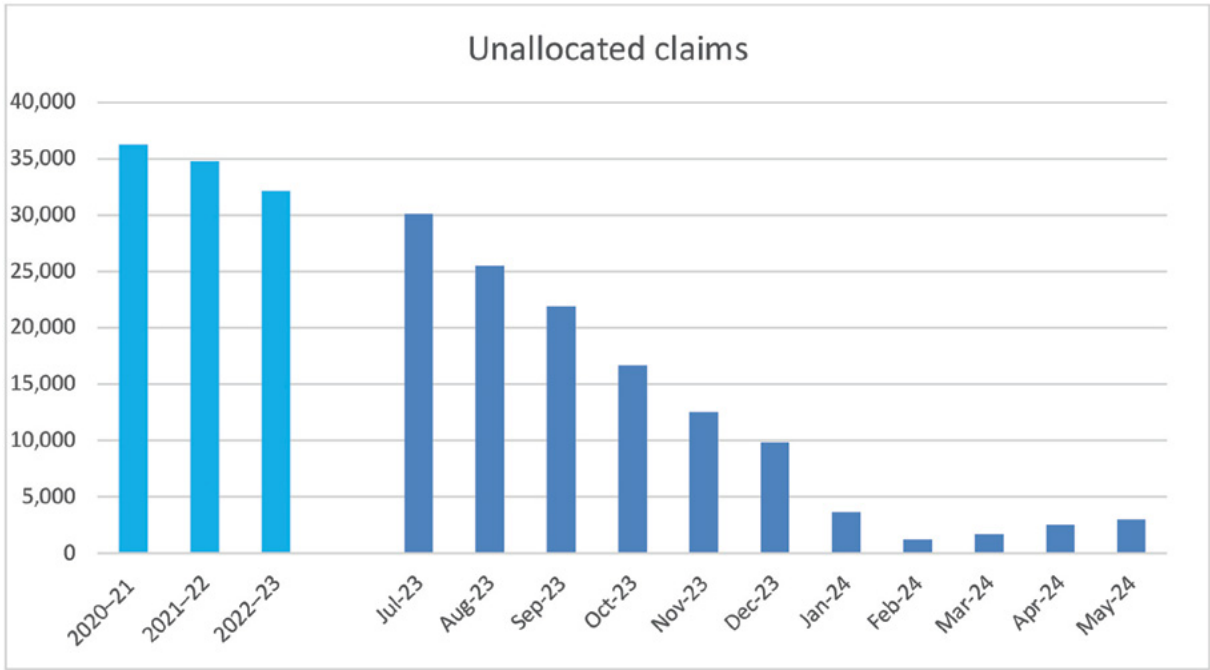
Investigating claims and the role of delegates

118. After a CSO has processed a claim to the point it is considered ready for a delegate to consider, it is put into the 'Ready to investigate' queue for allocation to the next available delegate.¹³⁶ Some claims may not go to a CSO first and are allocated directly to a delegate, such as a high-priority claim.¹³⁷
119. DVA staff responsible for investigating and deciding claims are known as 'delegates', as their work is pursuant to 'delegations' from either the Repatriation Commission for claims made under the *Veterans' Entitlements Act 1986* (Cth) (the VEA); and the Military Rehabilitation and Compensation Commission (MRCC), for claims made under the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth) (the DRCA) and *Military Rehabilitation and Compensation Act 1984* (Cth) (the MRCA).
120. Delegates have authority to determine whether a claim should be accepted, and the amount of compensation or other support to be provided. DVA calls a delegate's work on a claim an 'investigation', which reflects the terminology used in legislation.¹³⁸

Has DVA cleared the claims backlog?

121. During the course of our inquiry and in light of the introduction of CSOs, DVA's definition of 'backlog' has slightly changed.¹³⁹ As of mid-2022, when we were preparing our interim report, DVA used the term backlog to refer to claims that had been registered but not yet allocated *to a delegate*.¹⁴⁰ Following the introduction of CSOs, DVA's definition of backlog changed. It no longer refers to claims received but not yet allocated to a delegate. It now refers to claims received and not yet allocated *to a staff member*, usually a CSO, for processing.¹⁴¹
122. As we noted in our interim report, the backlog of unallocated claims had grown quickly and significantly. As of 31 May 2022, there were 41,799 claims in the backlog. We recommended DVA eliminate the claims backlog by 31 March 2024.¹⁴²
123. DVA made significant progress clearing the backlog, particularly from July 2023 onwards, as shown in Figure 25.1. On 14 March 2024, DVA announced the backlog had been cleared as of 29 February.¹⁴³ 'In addition,' DVA told us, 'over 93% of claims in the original backlog identified by the Royal Commission have been finally determined'.¹⁴⁴ We commend DVA for this result.

Figure 25.1 Size of the backlog, 2020 to 2024



Source: Based on data from Department of Veterans’ Affairs, *Claims Processing Data as at 31 May 2024*, 31 May 2024

124. As at 30 June 2024, DVA had 77,293 claims on hand, comprised of 4,986 unallocated claims (6.5%) and 72,307 claims being processed.¹⁴⁵
125. We note that since the backlog was cleared there remains a number of unallocated claims. This is inevitable as claims are allocated to staff on a weekly basis to align with workloads, rather than ‘same-day’ allocation. Having said that, it is critical the number of unallocated claims remains low.
126. It is important to highlight that in addition to recommending DVA eliminate the claims backlog by 31 March 2024, we recommended that:
- DVA should ensure that efforts to reduce the backlog do not reduce the quality of decisions made about claims, and do not adversely affect veterans’ experiences of the claims process.¹⁴⁶
127. The DVA annual reports include quality and client satisfaction performance measures for claims made under the MRCA and DRCA, which are shown in Table 25.1. While there has not been a substantial change from 2021–22 to 2022–23 in quality results (with the exception of MRCA permanent impairment claims, which improved by more than 10%), we note the targets have not been achieved in most cases. The 2023–24 results were not available at the time of writing.

Table 25.1 Performance measures for MRCA and DRCA claims in 2021–22 and 2022–23

Performance measure	Target (%)	2021–22 actual result (%)	2022–23 actual result (%)
Quality: Correctness rate of processed DRCA liability claims	≥95	90	90
Quality: Correctness rate of processed DRCA permanent impairment claims	≥95	95	96
Quality: Correctness rate of processed DRCA incapacity claims	≥95	93	90
Quality: Correctness rate of processed MRCA liability claims	≥95	90	89
Quality: Correctness rate of processed MRCA permanent impairment claims	≥95	78	90
Quality: Correctness rate of processed MRCA incapacity claims	≥95	95	94
Client satisfaction: The percentage of clients satisfied with the level of customer service they received when accessing their entitlements	≥80	49	47

Source: Department of Veterans' Affairs, *Annual Report 2022–23*, Outcome 1 (Exhibit 93-02.018, DVS.0011.0001.0950).

128. Concerningly, client satisfaction was 47% in 2022–23, against a target of 80%. DVA told us in June 2024 that client satisfaction increased by 15% between April 2023 and March 2024.¹⁴⁷ This is a positive early sign, but still well below the target.

Has DVA improved claims processing times?

129. As we noted in our interim report, while the size of the backlog was cause for significant concern, DVA was also taking far too long to process claims.¹⁴⁸ The 'time taken to process' (TTTP) is 'the length of time taken, in calendar days, for a decision to be made on a claim from the time [DVA] receive it'.¹⁴⁹ This means the TTTP starts from the date a claim is first lodged with DVA (even if it is incomplete),¹⁵⁰ and includes the time taken to allocate a claim to a CSO and delegate, as well as the time taken to investigate the claim.
130. There are no binding timeframes, but the *Australian Veterans' Recognition (Putting Veterans and Their Families First) Act 2019* provided an 'aspirational target' of 90 days for claims lodged under the MRCA. The Act states:

The Commonwealth is committed to the Military Rehabilitation and Compensation Commission deciding a claim under the MRC Act within 90 days beginning on:

- (a) the day the Commission receives the claim; or
- (b) the day the Commission receives information, or a document, that the Commission requested in relation to the claim under section 330 of that Act;

whichever occurs later.¹⁵¹

131. TTTP targets are not legally binding. However, they indicate to veterans what is a reasonable amount of time for DVA to determine a claim.
132. DVA has told us its focus is on reducing the TTTP so it can ‘sustainably deliver decisions on claims within legislative guidelines’. DVA expects to meet its legislative TTTP performance indicators for initial liability claims by 30 June 2025 and for permanent incapacity claims by 30 June 2026.¹⁵²
133. Given the size of the claims backlog that had accumulated by May 2022, the length of time a veteran was waiting for their claim to be allocated to a delegate was significant. A lack of staff meant it also took a long time for a claim to be investigated after it was allocated. However, DVA has received a substantial funding increase to ensure it has sufficient staff to process a larger number of claims. This means the overall average TTTP is still high, but is skewed by the significant delays experienced by claims that were in the backlog. Claims that were submitted after 1 December 2023 are being processed at a much quicker rate, as shown in Table 25.2.

Table 25.2 Processing times for claims determined from 1 July 2023 to 30 June 2024

Type of claim: MRCA initial liability	Average number of days from lodgement to allocation to an officer for processing	Average number of days between lodgement and the claim being determined (TTTP)
2023–24 average	206	368
Lodged after 1 December 2023	7	58

Type of claim: DRCA initial liability	Average number of days from lodgement to allocation to an officer for processing	Average number of days between lodgement and the claim being determined (TTTP)
2023–24 average	238	480
Lodged after 1 December 2023	8	74

Type of claim: VEA disability compensation payment	Average number of days from lodgement to allocation to an officer for processing	Average number of days between lodgement and the claim being determined (TTTP)
2023–24 average	252	520
Lodged after 1 December 2023	8	86

Source: Department of Veterans’ Affairs, ‘Claim Processing Times’, webpage, last updated 15 July 2024, www.dva.gov.au/claim-processing, viewed 18 July 2024.

134. We commend DVA for achieving such significant reductions in the average TTTP, but make two observations. First, the data in Table 25.2 only includes claims determined in 2023–24, and current reporting does not indicate the percentage of claims lodged after 1 December 2023 that are yet to be determined and/or have exceeded the 90-day target.
135. Second, while DVA has made significant improvements, the average TTTP for claims lodged after 1 December 2023 has been trending upwards. As at the end of April 2024:
- the average TTTP for MRCA initial liability claims was 44 days, which increased to 58 days by end June 2024
 - the average TTTP for DRCA initial liability claims was 58 days, which increased to 74 days by end June 2024
 - the average TTTP for VEA claims was 61 days, which increased to 86 days by end June 2024.¹⁵³
136. While some increase in the TTTP may be expected as the number of claims lodged from 1 December 2023 increases overall, these trends emphasise the need for continued scrutiny.
137. DVA has publicly acknowledged that ‘many veterans have been waiting too long for their claims to be processed’.¹⁵⁴ We completely agree, and have witnessed first-hand the pain and suffering veterans and their families have endured, including the tragic death by suicide of loved ones. It must never be allowed to happen again. The Australian Government must appropriately resource DVA, ensure it has the skills to process claims accurately and efficiently, and hold it accountable through robust and transparent reporting measures. We examine what this means in practice in the following sections.

Can DVA sustain recent improvements in the long term?

138. We are pleased to see the high level of focus and effort from DVA since we released our interim report, which has resulted in the claims backlog being cleared and significant improvements in processing timeframes. However, the question remains whether these improvements can be sustained in the long term.
139. While we do not doubt DVA’s commitment, the Australian Government and DVA must address practical issues to ensure recent gains become business as usual. These include ensuring:
- sufficient funding, informed by accurate demand forecasting
 - ICT infrastructure that supports efficient and seamless information-sharing, data analysis and claims processing
 - a stable workforce with well-trained staff, who have the skills and experience to meet veterans’ needs
 - a culture of continuous improvement.

140. We examine each of these enablers in turn below, and explore what has been achieved to date and what else is needed to ensure positive long-term change.

Sufficient funding informed by accurate forecasts

141. For DVA to receive sufficient funding to support timely and trauma-informed claims processing, it needs to know how many claims it expects to receive, the number of staff required to process them and the amount of funding needed to employ them.
142. A lack of accurate demand forecasting was a contributing factor to the significant claims backlog. As we reported in our interim report, as at 31 May 2022 there was a backlog of 41,799 claims – an increase of 98% in less than two years.¹⁵⁵
143. In 2016, DVA was expecting the number of veteran clients to decline. On 30 June 2016, there were 167,304 veterans in receipt of pensions, allowances or health care from DVA. It projected that by June 2021 that number would decrease to 152,100 veterans. However, in June 2021, the number had grown to 240,231 – 58% higher than its projection.¹⁵⁶
144. During our April 2022 hearings, the then Secretary of DVA, Ms Elizabeth Cosson, conceded DVA was ‘not good at forecasting’ expected claims.¹⁵⁷ DVA’s approach was to look at past trends and then estimate the resources needed.¹⁵⁸ This, Ms Cosson agreed, ‘hasn’t been terribly helpful in getting it right’.¹⁵⁹ DVA has consistently underestimated the number of claims that would be submitted. Unfortunately, Ms Cosson also agreed, there wasn’t ‘really ... any assurance going forward’.¹⁶⁰
145. While past trends are one input into future demand forecasts, context is critical. For example, changes in ADF tempo or the nature of its operations can have a direct impact on the number of future claims to DVA, as can strategies to encourage more veterans to make claims and make it easier for them to do so. All of these factors contributed to the increase in claims in recent years.¹⁶¹
146. In July 2023, Ms Kate Pope, then Acting Deputy Secretary and Deputy President of the Repatriation Commission, explained DVA ‘missed’ an important claims processing factor:

while we were [through Veteran Centric Reform] attracting individual veterans to seek assistance from DVA, we didn’t know that they would bring with them a larger number of claims per person, more conditions, more challenges, which was part of the rigours of deployment, particularly in the Middle East ... also ... the claims themselves were more complex. And whereas in the past there was more reluctance to put in claims around mental health issues, mental health became a much stronger feature of the claiming pattern from that point onwards. So it wasn’t just that more veterans came to DVA, they lodged more claims across a wider range of conditions and the conditions were more complex ...¹⁶²

147. The increasing complexity of claims has continued. More recently, DVA told us the ‘average number of conditions per claim has increased from 2.6 conditions per claim in March 2023 to 4.3 conditions per claim in April 2024’.¹⁶³
148. In addition to being unable to accurately forecast the number and complexity of claims, DVA lacked a funding model that could indicate the level of resources required to process claims in a timely way.
149. We asked DVA about its efforts to obtain the resources needed to deal with the surging backlog of claims. DVA advised that in each financial year from 2017–18 to 2020–21 (inclusive) it had sought supplementary funding – that is, one year’s temporary funding¹⁶⁴ – to address the growing crisis, which had been granted on each occasion.¹⁶⁵ For example, in the 2019–2020 Mid-Year Economic and Fiscal Outlook (MYEFO) process, it had sought and been granted \$20 million, the document showed. In 2021–22, DVA received ‘supplementary funding over two years’, not just one.¹⁶⁶
150. At a March 2022 hearing, Ms Pope told us that during this period when only temporary additional funding was sought, it was ‘unlikely’ that the claims processing crisis ‘was thought to be temporary’.¹⁶⁷ Counsel Assisting was unable to ascertain why DVA had sought only temporary supplementation when the problem was long term (in part because public interest immunity was invoked). However, Ms Pope did give evidence that DVA’s response to this Royal Commission’s statutory notice should be taken as stating only how much was granted each year, not how much had been sought.¹⁶⁸ Insofar as the document appeared to outline how much funding had been sought, and she accepted that it did read that way, in her view it was not correct.¹⁶⁹
151. It was, thus, unclear whether DVA had not sought what it needed or the then Australian Government had not provided what was sought. Later evidence suggests it was both, at least for 2019–20. DVA had an ongoing engagement with the consultancy firm Enzyme International (Australia) to improve its claims process. A presentation from Enzyme to DVA’s senior leadership in November 2019 included the following information and analysis:
1. The MYEFO supplementation of \$20m is not nearly sufficient to address the increasing operational backlogs and TTTP [time taken to process claims].
 2. We are forecasting a significant budget overspend in 19/20 ... >\$40m.
- ...
- Our September MYEFO submission would not have fixed our problem
- We asked for \$33.3m which, given current productivity and volume forecasts, would have been sufficient *only if* it had been received by 1st July this year.
- ...

We are not in control of the funding conversation...

- Budget submissions are not in sync with VCR [Veteran Centric Reform] submissions.
- Confidence in DVA funding submissions by DoF [Department of Finance] is low

We are not on top of our numbers.

For example

- Financial and operational data sources are multiple and inconsistent
- Data definitions vary between users and over time.¹⁷⁰

152. Early in Ms Frame's tenure as Secretary, DVA still could not accurately forecast demand for its services, and therefore the resources it needed. In her September 2023 witness statement, she told us:

it is currently not possible to estimate the number of FTE equivalent staff required for claims processing once the backlog is cleared, and into the future to avoid a backlog arising in the future.¹⁷¹

153. However, she said DVA was developing a demand projection model (DPM), 'which will use predictive analytics to estimate the future demand for claims, payments and other services' and thereby 'inform the Department's longer term claims resourcing requirements'.¹⁷² The model:

projects future demand (ie claims lodgements) based on the evolving characteristics of current and former Australian Defence Force (ADF) members. The DPM ... can incorporate a range of scenarios, such as the ADF expansion, or the upcoming legislative harmonisation. The DPM has been validated by an external service provider, and deemed to be fit for the purpose of estimating DVA's future demand.¹⁷³

154. DVA also developed a demand driven funding model (DDFM), designed to ensure the forecasted number of claims can be processed within target timeframes. DVA told us the demand-driven model:

estimates how DVA's claims on hand TTTP [time taken to process] will progress over time. The estimate is based on forecast demand (claims inflows) and the number and productivity of claims processing staff (claims outflows). The model captures the complexity of each claim across a number of conditions per claim and whether these conditions are claimed under single/dual/tri acts. In addition to the overall volume of claims processing staff, the model also accounts for how staff are allocated across each claim type, and staff productivity improvements after acquiring more experience.

In the FY24-25 Budget, the DDFM was agreed with the Department of Finance and was endorsed by the Government as the basis used to estimate the number of additional claims processing staff required in order to reduce the TTTP for Initial Liability (IL) claims to target (90–100 days) by 30 June 2025 and for Permanent Impairment (PI) claims to target (90–100 days) by 30 June 2026. The Government provided additional funding, without offsets, in the 2024–25 Budget in line with the forecasts in the DDFM ...¹⁷⁴

155. DVA told us the Australian Government’s agreement to the demand-driven funding model:

will enable funding to be sought and agreed based on actual claims workload to ensure TTTP [time taken to process claims] reaches, and then sustainably remains within, legislative guidelines on performance.¹⁷⁵

156. The development of the demand forecasting and demand driven funding models, and the Commonwealth Government’s agreement to them, means Recommendation 4 from our interim report is complete. We commend DVA for the work it has undertaken to address these issues, and expect the Australian Government to continue to use the demand driven funding model for DVA’s funding allocations in the long term.
157. However, we note claims processing has flow-on effects for other DVA areas (for example, rehabilitation and other supports). The government must ensure that all parts of the system, including those that extend beyond claims processing, can function adequately. We examine these issues in more detail in Chapter 26, Supporting DVA claimants and clients.

ICT infrastructure

158. Claims processing involves assessing many claims against closely written rules, with input from different people. The size and complexity of the veterans’ entitlements system requires a good information and communication technology (ICT) system.
159. For a long time, DVA’s ICT infrastructure was both antiquated and complex.¹⁷⁶ As at November 2016, it was using 18 ‘legacy systems’ to process rehabilitation and compensation claims.¹⁷⁷ Since then, it has ‘progressively replaced’ them as part of the Veteran Centric Reform (VCR) program. DVA told us:

At the start of DVA’s VCR program in 2017, DVA had approximately 200 ICT applications on multiple platforms, with over 1200 internal and external interfaces. DVA’s systems and applications were ageing and fragmented, with risk assessments indicating around half of DVA’s systems were at high risk of failure, and DVA dependent on niche ICT skills to maintain many of its applications.¹⁷⁸

160. The Productivity Commission in its *A Better Way to Support Veterans* report provided this summary of the VCR program:

[It] is the umbrella term for a wide range of initiatives, investments and reforms ...

The overarching goal of the VCR program is to improve the administration of the veteran support system by modernising DVA's antiquated IT systems and making service delivery consistent with whole-of-government service delivery principles. Longer term, the VCR's objective is to create 'an agency focused on policy, stakeholder relationships and service commissioning', where 'most ... clients will be able to self-manage through online means', while DVA staff are free 'to focus more on those clients with complex and multiple needs, based on an integrated whole-of-client view and effective case management systems' ...

Specific initiatives and programs already implemented under the VCR program include the creation of 'streamlined' and 'straight-through' processing ... the widespread digitisation of records, the rollout of the MyService online portal for submitting claims ... and improved data analysis to identify clients ... To implement the VCR program, DVA was allocated \$303 million in funding between 2016–17 to 2018–19, most of which was for major IT infrastructure investments to update over 200 antiquated systems ... The full VCR program is expected to last six years, with the most difficult work still to commence ...¹⁷⁹

161. As noted above, DVA encouraged serving and ex-serving members to make claims earlier rather than later, and introduced MyService to make it easier and quicker for them to do so, which contributed to the surge in claims.¹⁸⁰
162. However, DVA's ability to process claims more quickly has not kept pace with MyService's making claims lodgement easier. One DVA official summarised the problem in the following way:

The systems that sit behind MyService and the systems – and I'm talking information technology or IT systems – are very outdated and complex and have yet to achieve the reform required to make the processes simpler. So while access is simple for veterans through MyService, the processing is not simpler for DVA staff.¹⁸¹

163. Ms Laura Sham, DVA's Chief Information Officer, told us:

the systems that sit behind MyService are quite dated legacy systems ... [W]hile I think there have been incremental improvements we've been trying to make to increase the efficiency, certainly ICT has been a challenge ...¹⁸²

[DVA] start[ed] the integration between MyService and [the claims processing] systems ... [W]e have worked on integrating those systems to remove the manual processes ... [W]e are incrementally improving the systems to make sure that it is an efficient process ... [T]here were periodic [integration] projects throughout VCR ... All of the projects under VCR have been completed.¹⁸³

164. Ms Sham told us system improvements ‘happened in parallel, but the Department didn’t have an appreciation of the complexity of the legacy systems’.¹⁸⁴ As such, the length of time that ‘it would take to be able to improve the systems was potentially underestimated’.¹⁸⁵ However, Ms Sham said ‘there are ongoing opportunities for us to continue to make sure that we are removing manual processes between the systems’.¹⁸⁶ In Ms Sham’s view, those opportunities could not have been seized during the VCR program, even if funding had been available, because ‘the capacity of the staff availability, and particularly our capacity with our shared services partner [Services Australia], would not have allowed it to happen within that period of time’.¹⁸⁷
165. Ms Pope provided a similar explanation, telling us DVA’s ‘broad expectation’ was that the ‘legacy foundational underpinning processing capacity could be fixed simultaneously with the improvements to ease of access to the system to make a claim’.¹⁸⁸ However, she explained:
- it relied on work being done in other agencies on a really big scale. [It involved] a very ambitious undertaking ... and it didn’t evolve in the same time frame as had been expected, and the enhancements to our processing capability that had been expected to flow through and it didn’t, in the same time frame that had been anticipated, or to the scale as had been anticipated.¹⁸⁹
166. DVA provided an update on the VCR program in June 2024. It stated the following outcomes had been achieved:
- the design and build of a single rehabilitation and compensation processing system to reduce the critical risk of failure for 18 legacy ICT systems
 - streamlined information and greater efficiency through the introduction of Process Direct, a whole-of-government platform for use in relation to income support
 - the consolidation of client information from over 20 legacy systems into a Single View of Person for DVA staff
 - the consolidation of multiple systems and channels for feedback into a new Client Feedback Management System
 - the introduction of a user-friendly online portal for veterans and families to access DVA and make claims (MyService)
 - improved data sharing with Defence through the Defence DVA Electronic Information Exchange (DDEIE), a real-time data exchange to improve the provision of support and services to veterans in a timely manner.
- More recently, DVA has established a Digital Resilience Roadmap to guide efforts to establish a modern and connected ICT ecosystem. This program is focussed on addressing remaining legacy systems and replacing them with modern, scalable core capability platforms to improve the veteran experience when connecting with DVA.¹⁹⁰

167. The completion of the VCR program marks significant improvements to an outdated ICT system. However, there is much more work to do before DVA has a modern and fit-for-purpose ICT infrastructure. DVA's 2023–24 Corporate Plan sets out a vision for its ICT capability 'over the next 5 to 10 years', and the role of the Digital Resilience Roadmap:

DVA's technology strategy to support future business requirements will:

Deliver a simple, seamless and efficient Veteran Support System

In order to effectively support the needs of current and emerging veterans and their families and meet evolving community expectations, DVA needs modern, flexible systems that support staff to work efficiently. This will be achieved through delivery of technology solutions that are more modular, less complex, easier to maintain and more responsive in addressing changing business needs.

Improve system resilience and sustainability

DVA will continue to sustain legacy technology capabilities as they are progressively decommissioned and replaced over the next 5–10 years. This will be done by prioritising enhancements, security and infrastructure improvements that will ensure the systems are resilient and sustainable until decommissioning.

Create a sustainable, modern and digitally connected ICT eco-system

The efficient delivery of services and support requires cooperation and collaboration across the department to establish a truly integrated approach to delivery of core services through people, policy and process. To support this transformation, DVA is developing a digital resilience roadmap intended to guide decisions relating to digital and ICT investment. The roadmap will ensure conscious consideration is given to improvements to systems that deliver the capabilities required to support the anticipated and evolving needs of staff and veterans and families.¹⁹¹

168. These objectives are sound, and ongoing ICT improvements are supported by significant funding commitments:

The 2023–24 Budget provided \$254.1 million over four years to maintain DVA's ICT systems and replace legacy systems that deliver payments to veterans, families and the service providers who deliver critical support and services to the veteran community.¹⁹²

169. In addition, the 2024–25 Budget provided '\$8.4 million over two years to pilot a modern clinical case management and workflow solution'.¹⁹³

170. It is critical that DVA's ICT infrastructure continues to evolve and deliver improved client experiences, particularly given the scale of the system improvements that were unable to be completed as part of VCR program. Ongoing scrutiny and transparent public reporting are needed to ensure the next phase of ICT delivers on its intended objectives.

A stable workforce with well-trained staff

171. We acknowledge that delegates' work is difficult. Delegates must absorb and apply the procedures, policy and rules of a complex administrative system to a wide range of medical and service life issues. It typically takes a new delegate six to 12 months to become fully productive.¹⁹⁴ Retaining trained and experienced staff is, therefore, very important.
172. In the lead-up to this Royal Commission, DVA's use of labour hire arrangements was high and continued to increase. In June 2019, labour hire represented 48% of claims processing staff, and had increased to 56% by June 2021.¹⁹⁵
173. As we outlined in our interim report, DVA's increased use of labour hire contributed to:
- the erosion of institutional knowledge within DVA
 - diminished departmental capability
 - high separation rates among labour hire contractors, leading to unsustainable caseloads for delegates.
174. DVA's reliance on labour hire was due to a combination of increasing numbers of claims and a cap on the number of permanent staff it was allowed to employ (known as the average staffing level, or ASL cap). Recommendation 5 of our interim report called for the Australian Government to remove DVA's ASL cap, which has been done.
175. Since then, DVA's permanent claims processing staffing levels have increased and its reliance on labour hire reduced:
- In 2021–22, DVA received an additional temporary 447 ASL positions for the years 2021–22 and 2022–23.¹⁹⁶ As at 30 June 2022, the 'Client Benefits Division had 390 full time equivalent (FTE) staff in compensation claims processing roles'.¹⁹⁷
 - In 2022–23, DVA received an additional temporary 90 ASL positions for 2022–23 and 2023–24.¹⁹⁸ Between 30 June 2022 and 30 April 2023, 247 new staff were recruited to the division.¹⁹⁹ The new workforce represented nearly 30% of the total of 837 delegates working in claims processing as at 30 April 2023.²⁰⁰ As at 30 June 2023, the division had 754.6 FTE compensation claims processing staff.²⁰¹
 - In the 2024–25 Commonwealth Budget, provision was made 'to increase DVA's service-delivery workforce by 141 ongoing staff',²⁰² at least some of whom may work on claims processing.

176. By 30 April 2023, the proportion of DVA claims processing staff who were labour hire had reduced to 12.4%.²⁰³ In June 2024, DVA told us there were 887 permanent claims processing staff (up from 246)²⁰⁴ and that:

Since June 2022 in relation to DVA's claims processing function:

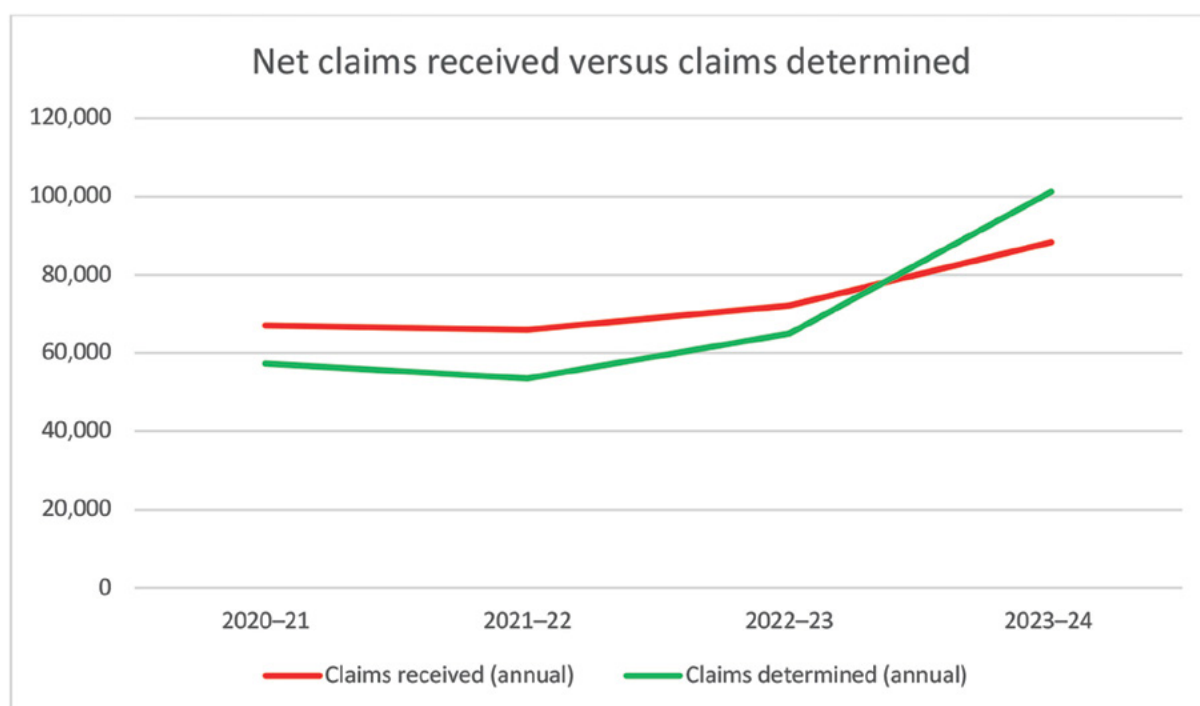
- the number of Australian Public Service employees involved in claims processing has increased by 137% (ie more than doubled)
- the number of Labour Hire staff involved in claims process has decreased by 94%
- the total number of staff involved in claims decision making has increased by 76%.²⁰⁵

177. DVA has acknowledged the expanded permanent workforce provides a critical foundation for improving veterans' experiences of claims processing:

Since 2022, the transition from a largely temporary workforce to an ongoing one has already created both cultural and performance improvements. It has established a workforce that is well-trained and able to develop experience and expertise enabling greater efficiency but importantly greater assurance to veterans and families. This new baseline will enable DVA to continually improve and refine its service delivery in support of veterans and families.²⁰⁶

178. Staffing increases have enabled DVA to process a much higher volume of claims. Figure 25.2 compares the number of claims DVA received with the number it determined. From 2020–21 to 2022–23, DVA was consistently receiving more claims than it was determining. However, this shifted between 2022–23 and 2023–24, and by the end of May 2024 DVA was determining more claims than it was receiving.

Figure 25.2 Annual net number of claims received versus number determined (2021–2024)



Source: Based on Department of Veterans' Affairs, *Claims Processing Data as at 31 May 2024*, 31 May 2024

Note: The figures for 2023–24 have been adjusted by extrapolating the available eleven months' data to produce an annual figure (by dividing by 11 and multiplying by 12); this method does not take account of seasonal differences (in particular, the lower lodgements and determinations in December).

179. While these overall trends are positive, there are still a range of issues to be addressed before DVA and the Australian Government can be confident the recent increases in DVA's client processing workforce will lead to ongoing and sustained improvements.
180. As noted, the recent *A Cycle of Impacts* study examined the culture of DVA's Client Benefits Division. It 'shed light on the complex and challenging landscape' faced by division staff:

A significant portion of staff lack prior work experience and lived experience, with a majority having less than two years of DVA service. This group holds the lowest overall APS classification, yet bears above-average workload levels, resulting in a notable 10.2% wanting to leave ASAP.

A substantial proportion of staff exhibit poor wellbeing and satisfaction. They also struggle with receiving supervisory support, feel ill-equipped for their roles, and have wavering confidence in using their own judgment. Their assessment of staff levels in trusting information provided by veterans and their families, as well as compassion in interactions, registered lower than the other areas analysed. These findings highlight crucial needs of staff that urgently require attention and support within the essential domain of Client Benefits.²⁰⁷

181. The study raised concerns that initial training and ongoing development and supervision were not meeting staff's needs:

Current training opportunities (orientation of new staff and professional development) are inconsistent and do not fully meet the needs of Claims staff, particularly the most recently appointed.

...

Participants expressed mixed views on the training they had received and its value in helping them to perform their roles. Online delivery was viewed as particularly limiting, misaligned with the actual needs of the role, and simply not sufficient to prepare staff for their role within the Claims process, or to support their ongoing learning and support needs in their role.

...

More broadly, like other processes, training and supervision approaches beyond training were perceived as patchy, inconsistent, and developed in siloes which creates further inconsistency in access to knowledge, skills development and support to understand how staff in each area fit into the bigger picture of service delivery.²⁰⁸

182. The study made recommendations aimed at improving staff training, better supporting staff and improving the claims processing model. The full text of these recommendations is in Annexure 25.2. In particular, we note the recommendations for improving trauma-informed service delivery during the claims process:

Develop more meaningful training in Trauma-Informed Care. Eg, use tangible examples drawn from Veteran cases, of actual exchanges between Veterans and Claims staff that reflect trauma-informed and non-trauma-informed dialogues, and their impacts for Veterans and Claims staff ...

Trauma-informed care must also include care of staff. Learn from good supervision and everyday staff support models currently occurring 'locally' in pockets of excellent practice. Acknowledge the many staff providing peer support to each other (eg, practical problem-solving, supporting training and its on-the-job application, emotional support).²⁰⁹

183. DVA has acknowledged the study's recommendations.²¹⁰ We fully support the intent of the recommendations, and consider their implementation to be critical to ensure staff are well-trained, provided sufficient support and are, therefore, more likely to stay with DVA in the longer term. We note the study found that one in 10 surveyed staff wanted to leave 'as soon as possible'.²¹¹

184. As an immediate step, DVA should develop an implementation plan for each of the study's recommendations. In the medium term, DVA should independently evaluate the impact of its trauma-informed training program using Levels 1 to 4 of the Kirkpatrick model – an internationally accepted approach to assess training outcomes, which measure the following areas:

Level 1 – the effectiveness of the learning administration

Level 2 – the degree to which learners acquire the knowledge, skills, attitudes and behaviours from a learning event

Level 3 – the application of the learning in the workplace

Level 4 – the strategic organisational results.²¹²

185. The independent evaluation should occur no later than July 2026 to ensure the training program delivers material improvements to claims processing for both staff and veterans. The Australian Government should ensure DVA has sufficient funding to engage evaluators with appropriate expertise.

A culture of continuous improvement

186. It is important that DVA can continue to identify and implement improvements to the way it processes claims in the absence of external pressure from this Royal Commission. This requires a culture of continuous improvement.
187. We have heard a range of evidence about the level of comfort DVA staff feel in raising concerns and putting forward ideas for improvement, which appears to have changed over time and is dependent on particular locations. In 2018, a consultant engaged by DVA wrote to then-Secretary, Ms Elizabeth Cosson, about the fear he observed from some staff, which included one of the offices responsible for claims processing:

'Fear'

It proved extremely difficult for me to provide [in my report] many verbatim comments due to the large number of people citing a very real fear of being identified and facing some form of retribution or repercussion for having spoken up about concerns. This heightened level of fear (I have not seen it to this extent before) was evident in four main areas ...²¹³

188. Professor Alexander (Sandy) McFarlane AO, a psychiatrist and former Royal Australian Air Force Reserve Group Captain, has had extensive experience working with DVA and Defence for over 30 years and has conducted research on veteran health and wellbeing.²¹⁴ Professor McFarlane told us:

In several of these [earlier] inquiries I gave evidence on camera [sic] because of my concerns about the repercussions of speaking publicly about particular matters.

...

My personal experience has seen me, on occasions, be actively criticised for acting with candour and for giving independent expert advice. This same openness and honesty should be required of administrations and they should speak out without fear or favour when addressing the challenges and deficiencies identified in any systems of care ... I have worked with many dedicated and conscientious people who have been strongly motivated to do their best. This criticism is not directed at individuals but rather the decision-making conventions and cultural values within these bureaucratic systems.

[T]here is a general trend to silence criticism that is realistic, to discourage frank discourse of the strengths and weaknesses of clinical systems and not to systematically review adverse outcomes ...²¹⁵

189. The most recent evidence we have is *A Cycle of Impacts*. The researchers found 'DVA staff are keen to be asked and listened to'.²¹⁶

Participants offered many suggestions for how the current service delivery model could be improved, including the Claims process. Several participants were either unaware of how they could provide feedback, had not been asked, or held clear levels of scepticism about whether staff feedback would be listened to and actioned. Overwhelmingly, participants were keen to provide feedback to help improve the model, and there was a sense that the culture of seeking feedback had improved.²¹⁷

...

Some participants spoke about receiving inconsistent responses to their attempts to seek support and provide feedback about what they needed, and what they felt was working or not in their role, particularly in the Claims area. This left staff confused, frustrated and doubting their ability to deliver their role effectively.²¹⁸

190. Notably, they reported that '[p]erceived safety in reporting concerns about processes or behaviour of other staff was mixed'.²¹⁹
191. In June 2024, DVA told us it would 'continue to draw on the capability and ideas of its staff as part of an innovation culture, including through uptake of staff-proposed initiatives'.²²⁰ An example is:

the 2023–24 DVA Innovation Challenge, [in which] DVA staff were encouraged to submit innovative concepts with the potential to improve DVA processes and procedures, support staff and/or benefit veterans. Staff ... lodged 97 innovative proposals that were then assessed by a panel, resulting in eight successful projects receiving investment for further progression.²²¹

192. This is a promising development. DVA must ensure that individual supervisors and leaders are creating psychologically safe working environments where staff feel safe to raise issues, as it appears there are still parts of the organisation where this is lacking.
193. In addition to a culture that promotes constructive feedback and encourages staff to raise concerns and propose improvements, a continuous improvement culture also relies on organisational systems that capture lessons learnt.
194. At times, we were concerned these systems are lacking in some critical areas. For example, in our February 2022 hearings we questioned a DVA official who oversaw claims processing and other elements of DVA service delivery. We asked about a 2020 document that summarised what DVA had done in response to the 11 'areas of potential action identified by Professor Collie's 2019 *Independent Study into the Mental Health Impacts of Compensation Claim Assessment Processes on Veterans*'.²²² These areas related to mitigating the mental health impact of the claims process.²²³ However, the official had not read the 2020 document before preparing to give evidence, although she was aware of its existence.²²⁴ We do not fault her for not having read the document. Of concern, however, was that she was not even aware that Professor Collie had identified the areas of action.²²⁵ That prevented her being able to monitor what was being done about them.
195. It is critical that DVA ensures it has sufficient systems in place to capture the lessons learnt as a result of this Royal Commission, acts on them promptly and has sufficient monitoring in place.

25.2.3 Improving veterans' experience while claims are being processed

196. In our interim report we recommended that DVA identify and implement improvements to its claims processing system to improve veterans' experience, remove complexity and enhance efficiency. We also recommended DVA publicly report its progress on a quarterly basis.²²⁶ DVA organised the program of work to fulfil this recommendation into three streams:
- efficiency improvements
 - improvements to the claims experience
 - preparing for the future.²²⁷
197. The Australian Government agreed to this recommendation, and we are pleased to see the progress DVA has made to date, noting there is still more work to be done. Table 25.3 summarises the progress, based on the latest quarterly report available at the time of writing, which covered 1 January to 31 March 2024. It analyses improvements according to efficiency, the claims experience and preparing for the future.

Table 25.3 Improvements to the claims process as at March 2024**Efficiency Improvements**

Work program	Status update
Digitisation of client records to make it easier for DVA to access client information	Completed
Optimising claims processing workflow to improve delegate productivity	In progress – scheduled for delivery by 30 June 2024
Automated incapacity review enabling veterans to complete a simple questionnaire online, and improve processing efficiency for annual incapacity reviews	Completed
Automatic claims bundling to reduce the need to manually bundle multiple claims from one veteran	Completed
Redesigned medical forms and exploration of digital transmission options for medical practitioners to streamline medical evidence and support faster decision making	Partially completed (20 forms were combined into eight in December 2023, and a further 34 forms combined into 15 forms in March 2024).
Optimising use of medical advisors and transparency of decision making (discussed in more detail in this section)	In progress

Improvements to the claims experience

Work program	Status update
Improving MyService guided messaging to help veterans understand the information required to submit complete forms	Complete
Expanding computer-based decisions within MyService from 7 to 15 accepted conditions (discussed in more detail in this section)	Complete
Piloting the Veteran Card in the MyGov digital wallet to make it easier for veterans accessing health services	In progress
Consolidating combined benefits processing (discussed in more detail in this section)	Complete
Enhance screening teams and claims support group to ensure the claim is complete and 'investigation-ready' when allocated to a delegate	Complete

Preparing for the future

Work program	Status update
Develop Digital Resilience Roadmap that identifies a clear path to modernising DVA's ICT systems to achieve the desired future state (discussed in section 25.2.2)	Complete

Source: Based on Department of Veterans' Affairs, *Quarterly Report Recommendation 3 – Improving the administration of the claims system January–March 2024*, February 2024, pp 4–6 (Exhibit ZZ-01.054, DVS.7777.0001.1937).

198. The following sections explore some of these improvements in further detail, as well as other issues related to improving veterans' experiences of claims processing.

A new approach to claims processing

199. The way in which DVA processes claims has changed over the last 15 years, and a number of different approaches have been trialled.
200. Prior to 2012, veterans generally submitted claims for initial liability and any associated compensation as part of a single process. However, the Review of Military Compensation Arrangements conducted from 2009 to 2011 and commissioned by the then Minister for Veterans' Affairs, found that:

The MRCA [*Military Rehabilitation and Compensation Act 1984* (Cth)] claim form combines many details that make it more complicated than may be necessary for all claims. [DVA] has trialled a Single Claim Form to simplify the claim process and reduce the form length. However, the Committee believes that a modular approach may be suitable for the claims process, where the initial claim form would seek only the information necessary to decide on initial liability and conduct a needs assessment. Other claims, such as permanent impairment compensation, could be submitted either separately or at the same time as the initial claim.²²⁸

201. The review recommended DVA consider adopting a 'modular approach' for MRCA claims, in which claimants first submitted a claim for initial liability. If it was accepted, a further claim for compensation could be submitted. This was intended to make claims processing more efficient. The Australian Government accepted the recommendation, noting the modular approach 'would simplify the claims process'.²²⁹ From 2012, this approach was adopted for MRCA claims and then expanded across most of DVA's claims processing work.²³⁰
202. To support this approach, teams became specialised in processing particular types of claims (that is, initial liability, incapacity and permanent impairment compensation).²³¹ DVA has initial liability teams for claims under all three Acts in Hobart, Melbourne and Sydney, and an MRCA-only initial liability team in Perth.²³² MRCA and DRCA incapacity assessment teams and permanent impairment assessment teams are in Perth and Sydney, there are MRCA and DRCA incapacity assessment teams in Adelaide and an MRCA-only permanent impairment assessment team in Broadbeach.²³³
203. A system that had once featured 'multidisciplinary teams with knowledge across all three Acts' came to be dominated by separate teams that focussed on separate kinds of claims.²³⁴ While the aim was to improve claims processing efficiency, the changes had unintended consequences.

204. Professor Collie's 2019 review *The Mental Health Impacts of Compensation Claim Assessment Processes* found the approach had negative impacts on veterans:

The factors identified in the academic research literature as being potentially problematic for mental health are evident in the DVA compensation processes. For example claims are largely processed sequentially and handed over between delegates for each step in the claim process, introducing potential for delay and loss of contextual information as the claim progresses, and meaning that veterans (or their representatives) may interact with multiple different claims delegates at any point in time, which some may find confusing and stressful.²³⁵

205. In this 'modular' approach, the second delegate looking at the degree of impairment and compensation and supports is constrained by the parameters of the initial liability determination. For example, if the first delegate accepted liability on the basis of accepting a certain diagnosis, the second delegate cannot award compensation on the basis of medical evidence that would support a different diagnosis. The second delegate is constrained to the accepted diagnosis in the first delegate's decision.²³⁶
206. Dr Felix Sedal, who worked for DVA as a medical advisor from 2012 until 2017, provided an illustrative example, in which a veteran submits an initial liability claim for their 'left ankle' condition, asserting pain and difficulty walking but without providing medical evidence.²³⁷ The delegate examines ADF medical records and finds that, many years earlier, the veteran suffered a sprained ankle during a training exercise, one that is a ligament injury of a kind that is usually self-resolving. The delegate makes a determination accepting liability for the sprained ankle, with a date of onset in February 1995. Later, another delegate comes to make a determination on the degree of permanent impairment and the compensation due, in respect of the accepted condition – the ankle sprain. Medical evidence is obtained and confirms the veteran suffers pain and impaired walking. However, it says it is 'medically implausible' that the current impairment can be attributed to a sprained ankle in 1995. The impairment arises from osteoarthritis, but that is not the accepted condition, even though it could have been, for it is related to service. The impairment from the accepted condition and the compensation are assessed at zero.²³⁸ Due to the possible delay between the initial liability and the permanent impairment determinations, it may be too late for the veteran to appeal against the former. If so, the veteran has to lodge a new claim.
207. More recently, *A Cycle of Impacts*, conducted from 2023 to 2024, asked DVA claims processing staff whether or not 'the service delivery model ... is best practice' and whether staff would 'accept this level of service for your loved one or family member'. Responses demonstrated:

Participants held mixed views about the service delivery model, ranging from those who thought is a really good improvement on past practice, to those who thought it was appalling. Again, the complexity of steps and navigation experienced by both staff and Veterans was the issue that predominantly tempered their staff perspectives. This also seemed to be influenced by where the staff were situated in the chain of steps, and their awareness of the other steps, with staff more able to intervene earlier (such as VSO [Veteran Support Officer]

staff) holding more positive views. All participants thought there were several aspects of the service delivery model that could be better. Most participants stated that they would not accept this level of services if it was their own loved one or family member.²³⁹

...

Whilst staff overwhelmingly believed in the model and its purpose, they expressed significant frustration in how the model was implemented in practice. They emphasised the negative impacts of a fragmented, siloed system in which many participants felt disconnected and isolated from the larger picture of what DVA was aiming to achieve for Veterans, and how they felt hampered in their capacity to alleviate system barriers.²⁴⁰

208. The study found:

many staff have learned to only take responsibility for their patch within the siloed, hierarchical and fragmented structure. Longer serving staff, in general had become enculturated, de-sensitised and were more likely to take a narrow view of their responsibilities.²⁴¹

209. Overall, while the modular approach to claims processing was intended to improve claims processing timeframes, it has resulted in a 'siloed' and 'fragmented' approach that can increase stress for veterans and lead to poorer overall outcomes. However, DVA has trialled different approaches to claims processing to address these issues, including the Special Operations Forces (SOF) Pilot and combined benefits processing (CBP).

Special Operations Forces Pilot

210. The SOF Pilot was a joint initiative of DVA and the ADF's Special Operations Forces based at Holsworthy, near Sydney. The pilot operated from January 2018 to June 2019, and involved approximately 430 SOF members (108 members were transitioning and 319 members were continuing to serve).²⁴² The primary aim was to improve the members' transition experience by ensuring claims were lodged promptly and easily and that income support was provided prior to their separation from the ADF.²⁴³

211. Its features included:

- having a DVA staff member on base to engage directly with individual members and help them prepare any claims
- allocating all of a member's claims to a single delegate for processing and determination
- supporting the delegate with a team comprising an ADF–DVA liaison officer, a case manager, a medical advisor and claims processing administrative personnel.²⁴⁴

212. One of the advantages of conducting the pilot with SOF members was their claims tend to be more complex and challenging, due to the nature of their role and subsequent health impacts.²⁴⁵ ‘[I]f [DVA] could solve problems for them,’ one DVA official told us, ‘then there were lessons [DVA] could learn for the whole of the ADF’.²⁴⁶

213. The pilot was considered successful.²⁴⁷ Of the 108 transitioning members who participated:

- claims for 358 conditions were made and determined with no rejections or appeals
- there was no gap in payment upon medical separation, as all members had DVA or Commonwealth Superannuation Corporation payments in place (or both)
- 72 members and their families were connected to other services and support.²⁴⁸

214. Dr Sedal played a role overseeing the pilot. His account of it included:

The core claims-centric feature of the model was a multi-disciplinary approach. We were attempting to have all the relevant claims processing teams work together, so that it wasn’t just IL addressed quickly, but [permanent impairment] and [incapacity] as well ... [W]hen applied properly this is not just a safer approach, it is a more efficient one too.

[The pilot used] the idea of case conferencing every client/claim ... [C]ase conferencing of this kind did not have to involve a lengthy discussion; for most clients it would simply mean a quick check from each member of the multidisciplinary team to ensure that there were no issues that needed to be addressed. What this would save is the much greater problems and dedication of resources that ensued [in the usual approach] when things went wrong due to lack of communication between teams or team members.

The pilot, by any objective measure, was a success. We not only demonstrated the benefit of having on-base staff, direct access to case management and better integration with processing teams, but that a multi-disciplinary approach to the processing of claims was possible. This is in great contrast to the default way in which DVA processes claims – arbitrarily dividing up claims between [initial liability] and [permanent impairment].²⁴⁹

215. Similarly, the pilot report concluded:

The SOF Pilot was a successful client facing, proactive and more efficient DVA/Defence service offering. There are clear downstream benefits for veterans and families, as well as for DVA’s credibility and reputation. It offers a high-performing model for DVA service delivery and a solid base from which to build.²⁵⁰

216. The ‘end to end’ claims processing model was also considered ‘essential’ to the pilot’s effectiveness. The pilot report noted that ‘finding ways to deliver this level of veteran support in a future service model will be key to DVA’s transformation, however, replicating the ‘hand-picked team’ approach will come at a cost’.²⁵¹

In 2023 Ms Kate Pope, the Acting Deputy Secretary and Deputy President of the Repatriation Commission, explained that DVA:

had hand-picked particular staff for the arrangements on base who already had a relationship with Special Forces and had some level of established trust, and we knew that it would be challenging to replicate that across other locations. The intensity of the way the work was undertaken was difficult to replicate in the resourcing environment we had at the time and there was recognition that it would be difficult from a resourcing perspective to replicate that across numerous locations.²⁵²

217. The report recommended 'DVA explore scaling the on-base engagement team and 'end-to-end multi-disciplinary claims team'.²⁵³
218. As a result of the pilot, the On Base Advisory Service was expanded and renamed the Veteran Support Officer (VSO) Network. As at September 2023, DVA's VSOs covered 56 Defence bases across Australia to promote veteran services and assist serving members to understand their entitlements better.²⁵⁴ Also, a key lesson from the pilot was that '[r]eady access to relevant ADF information is crucial to the timeliness of claim processing and determination by DVA' and this lesson was 'exemplified by the Defence DVA Electronic Information Exchange' (discussed in section 25.2.2).²⁵⁵
219. However, when we asked DVA how it modified claims processing as a result of the SOF Pilot or lessons learnt from it, DVA said its 'processing of claims was not modified as a result of the [pilot] per se'.²⁵⁶
220. We recognise that adopting the 'end-to-end multidisciplinary claims team' would have required significant changes and additional costs. The pilot report noted:
- Swifter and smoother claims processing generated greater DVA credibility but came at a material transaction and process cost behind the scenes. This model will not be sustainable for DVA in future without BAU [business as usual] practice and process change; and future scalability is not cost neutral.²⁵⁷
221. The report recommended DVA conduct additional analysis to determine the viability of scaling this approach across 'the entire DVA business model'.²⁵⁸ However, it appears detailed costings were not undertaken. We note the Transition Medical Assessment Pilot Program (TMAPP) has adopted some similar features of the SOF Pilot for a limited cohort of medically separating members, which is discussed later in this section.

Combined benefits processing

222. DVA trialled combined benefits processing (CBP) as an alternative to modular claims processing. While not exactly replicating the end-to-end multidisciplinary claims team that was a feature of the SOF Pilot, CBP has similar characteristics. CBP involves a single delegate processing initial liability claims, doing a needs assessment and processing any permanent impairment compensation claim for the same claimant.²⁵⁹ Where applicable, the delegate 'initiat[es] contact with other DVA functions, such as incapacity payments or rehabilitation'.²⁶⁰

223. DVA set out the following complex history of CBP trials:

- In August 2018, DVA began trialling it for MRCA claims in Brisbane and Perth. It was expanded to DRCA claims in Brisbane, Perth and Melbourne in 2019, and was also expanded into Sydney and Melbourne.²⁶¹
- In December 2019, CBP resources were 'diverted to address the growth in claims and to alleviate the delays being experienced in claims processing due to the substantial increase in MRCA and DRCA IL [initial liability] and PI [permanent impairment] claims'. The diversion of resources continued until June 2020.²⁶²
- CBP started again in Perth and Brisbane from July 2020.²⁶³
- In early 2022, additional staff were recruited to the combined benefits processing teams in Brisbane. These trainees were earmarked to join the CBP teams following sufficient training.²⁶⁴
- As at May 2022, DVA was continuing to expand the number of delegates in Brisbane and Perth and build CBP capabilities, but CBP had not resumed in Sydney and Melbourne.²⁶⁵

224. CBP has delivered improvements. In early 2022, it was proving beneficial, but its practicality was in doubt. DVA said:

The results of the trial indicated that processing claims using CBP methodology has the potential to:

- Reduce claims processing times, particularly where claims would have been processed in three parts under the old model; and
- Improve professional development of staff.²⁶⁶

225. Professor Collie believed CBP 'appears to have delivered positive results' in terms of:

- the veteran experience, by addressing multiple factors that impact veteran experience and mental health;
- reducing claims 'hand over' between delegates;
- enabling better development of better communication between the veteran and the DVA delegate; and
- potentially reducing the time taken to process claims.²⁶⁷

226. Professor Collie suggested expanding the CBP model, 'noting the substantial implications for the current claims operational model'.²⁶⁸

227. In March 2022, Ms Natasha Cole, First Assistant Secretary of the Client Benefits Division, told us combined benefits processing was proving very beneficial for both veterans and DVA. She said 'combined benefits processing has higher client satisfaction ratings, plus it is actually also more efficient'.²⁶⁹

228. In June 2023, DVA Secretary Ms Alison Frame made a similar assessment:

From the client's perspective, [CBP] embeds trauma-informed practice by reducing the number of times a client may need to 'tell their story' for each claim. In addition, CBP has around a 15% efficiency gain for the Department (as measured in a three-month trial in 2018-19).²⁷⁰

229. The gains from combined benefits processing are clear. However, Ms Frame told us:

the training requirement to bring delegates to accreditation for CBP (12 months in total to acquire sufficient proficiency in both) had been too lengthy to be viable in the current circumstances of the backlog.²⁷¹

230. DVA identified three barriers to expanding its use. First, staff skills would need to be upgraded.²⁷² Second, the transitional period would involve reduced productivity.²⁷³ Third, there were '[c]ompeting priorities'.²⁷⁴ The Commonwealth clarified these 'competing priorities' referred to clearing the claims backlog. It told us during our procedural fairness process, 'it was not possible for DVA to further expand CBP concurrently with its priority work on clearing the compensation claims allocation backlog'.²⁷⁵

231. In early 2023, DVA conducted 'a trial of faster [CBP] training',²⁷⁶ which is 'a truncated combined benefits training program that is a shorter duration'.²⁷⁷ It showed DVA could retrain some initial liability delegates relatively quickly to undertake permanent impairment claims processing.²⁷⁸ DVA started the 'revised training for CBP' in the following months.²⁷⁹ In July 2023, Ms Frame told us DVA was planning to expand combined benefits training, with 'intensive training ... in initial liability and permanent impairment'.²⁸⁰ In September 2023, she gave evidence additional staff had been recruited to the CBP team in Brisbane.²⁸¹

Life stages model

232. During the final stages of our inquiry, DVA developed a 'life stages model' for claims processing that will 'form the backbone of its service delivery'.²⁸² The model is centred on eight 'life stages' for serving and ex-serving members and their families:

- serving members (including current reservists)
- transition to civilian life
- ex-serving members pre-retirement age (including former reservists)
- transition to retirement
- retired ex-serving members
- transition to aged care
- ex-serving members assisted in ageing
- death claims and family support.²⁸³

233. DVA explained:

Each life stage will have a specific team established as a centre of expertise and excellence located in one physical location (i.e. a state office), with an understanding of the challenges faced by veterans at that particular point in their lives and ADF career. In addition, these teams will be able to assist veterans with their DVA claims and to fully access services provided by DVA through a warm handover to other relevant areas, such as household services. For example, the non-serving members pre-retirement age group will predominantly access combined benefits, while teams looking after serving members will largely focus on initial liability claims and liaise with the relevant ADF Service on issues such as redeployment and rehabilitation ...

DVA has not addressed some life stages in a systematic manner before, such as transition to retirement. However, this is a life stage many veterans and families find stressful as they work through potential benefits available under superannuation, DVA's systems and the social security system. This will require DVA to develop new services and expertise and supports for veterans and families.²⁸⁴

234. DVA is implementing the life stages model progressively over two years from July 2024. The first steps are establishing teams focused on serving members in DVA's Sydney and Hobart offices, and teams focused on ex-serving members in Perth and Brisbane offices.²⁸⁵

235. It is promising that DVA is reconfiguring claims processing to align with a person-centred approach, and is tailoring team capability and expertise to reflect veterans' needs. However, as the SOF Pilot and combined benefits processing trial demonstrated, reconfiguring claims processing practices at scale requires time and resources to train staff and embed new ways of working. In July 2024, DVA told us that:

with the necessary resourcing, moving towards a single Act could facilitate the following reforms to its claims processing model:

- (i) **Expanded CBP:** A single Act would make it easier to expand CBP to all IL and PI claims made under that Act, with warm handovers to other parts of DVA responsible for determining claims or applications for other specialised supports. (For instance, income support, rehabilitation and treatment.)
- (ii) **A potential 'life stages' claims processing model:** DVA has also identified a potential opportunity to restructure claims processing teams following the anticipated transition to a single Act. Instead of being organised according to individual Acts or claim types within Acts, processing teams could be organised around the key life stages of a claimant. (For example, current serving members, separating members, non-serving members, and those transitioning to retirement.) Where appropriate, each 'life stage team' would adopt CBP for IL and PI claims under the new single Act. This model could

enable DVA to better understand and address the needs of specific veteran cohorts, and could complement DVA's other work to improve the client experience for specific cohorts.²⁸⁶

236. DVA told us some circumstances are not amenable to CBP, including:

- If the VETS Bill is enacted,

transitional provisions will preserve existing claims under the VEA and DRCA, which were made prior to the commencement of the amendments ... there will be a continuing need for specialised delegates to manage these claims, outside of any CBP model to process claims under the single Act.²⁸⁷

- CBP may not be appropriate for processing claims from serving members who are not separating from the ADF. For this cohort, DVA's focus 'would be to work closely with Defence to prolong these members' careers in service', rather than processing claims for incapacity or permanent impairment compensation.²⁸⁸

237. Even where CBP is appropriate, other specialised functions are still required to determine and deliver other forms of support. DVA explained that:

The CBP model is adapted to the investigation and determination of PI [permanent impairment] and IL [initial liability] claims, with warm handovers to specialised teams responsible for determining claims or applications for other supports once liability has been accepted, such as rehabilitation, income support and treatment. Under both the current legislative framework and the proposed amendments in the VETS Bill (if enacted), there will be a continuing need for specialised delegates to perform these functions.²⁸⁹

238. We accept combined benefits processing cannot be universally implemented across all parts of claims processing. However, wherever it can be implemented, it should be. The benefits for veterans are clear, as combined benefits processing ensures a holistic view of an individual's needs, and delivers a trauma-informed approach by minimising the number of DVA staff that a veteran has to engage with. It also results in shorter claims processing timeframes overall.

239. The implementation of the VETS Bill and a significant increase in the number of claims processing staff provides an excellent opportunity to embed combined benefits processing as the default approach, noting some limited exceptions will apply. The Australian Government should ensure DVA is appropriately resourced to implement this approach, noting additional training will be required.

Recommendation 91: Implement combined benefits processing for all initial liability and permanent impairment claims

The Department of Veterans' Affairs (DVA) should implement combined benefits processing for all initial liability and permanent impairment claims under the *Military Rehabilitation and Compensation Act 2004* (Cth) (the new single Act) for veterans' entitlements, noting that some limited exceptions will apply.

The Australian Government should ensure that DVA has sufficient additional funding to implement this new approach to claims processing.

Claims related to sexual assault during service

240. In addition to submitting claims related to physical and mental health injuries sustained during military service, veterans can also submit claims related to associated health impacts arising from physical and sexual abuse during service. Dr Felix Sedal wrote in March 2017:

In most civil disputes, balance of probabilities operates to resolve a dispute between two different versions of events. What concerns me about the current operation of balance of probabilities in DVA assault cases is that there is almost never an argument put forward for an alternate version of events that is more probable than the one put forward by a Veteran. In many cases there is ample medical evidence supporting a Veterans' claim, the claim itself is administratively sound (the contended assault falls within the meaning of 'service related'), and the Veteran is a member of the community or Defence Forces in good standing. The rejection rests on the absence of a particular type of evidence (corroborating evidence contemporary to the claim) not an informed evaluation of all the available evidence under the balance of probabilities.²⁹⁰

241. In April 2017, Dr Sedal wrote:

If there are substantive inconsistencies or disputing evidence, then it makes sense to take that into account. But it is difficult to understand how, when there is significant evidence supporting a claim and none refuting it, an assessment on the balance of probabilities comes out negative. Especially when there is ample evidence that demonstrates aberrant levels sexual assault in the ADF.²⁹¹

242. DVA's Policy Manual states that '[c]laims relating to sexual and physical abuse require that it be established that an incident or incidents of abuse occurred'.²⁹² The manual states:

Delegates are required to investigate the circumstances of every claim. This includes finding and considering all relevant evidence when determining a claim.²⁹³

243. The manual explains that obtaining evidence to prove abuse occurred can be difficult for a number of reasons, including a lack of witnesses to the abuse, incomplete or non-existent records and that complainants are discouraged from or experience difficulties in reporting the abuse.²⁹⁴

244. To overcome these difficulties, the manual says:

In the absence of contradictory evidence, delegates will *always accept* a credible statutory declaration as sufficient to establish the fact of abuse in claims related to incidents of physical or sexual abuse of members of the ADF. Statutory declarations are to be examined in the context of the available evidence, including cluster data and personal files in order to determine credibility. A service connection must also be established for liability to be accepted.

It is important to note that a statutory declaration is not the only means by which a claimant can establish the fact of abuse. Nor are delegates encouraged to reject claimants' personal accounts that fail to meet the above criteria.²⁹⁵

245. Although this policy is designed to help establish an incident of abuse occurred, the delegate exercises wide discretion in determining issues of evidentiary value. It is the delegate who determines the credibility of the statutory declaration and whether or not a statutory declaration is ultimately accepted.

246. A delegate may seek further corroborative evidence to be satisfied that abuse occurred. In doing so, the delegate has 'wide discretion and may weigh or discount the significance of particular items of evidence in line with their own judgement and reason'.²⁹⁶ The manual states:

If the delegate is not satisfied on the balance of probabilities that the contentions outlined in the statutory declaration establish the fact of abuse, given the contradictory evidence available, the claimant can be invited to provide further evidence and clarification or the claim can be rejected.²⁹⁷

247. For a claim to be successful, 'the delegate must be satisfied that a diagnosed medical condition exists and the condition and abuse event is related to a person's ADF service'.²⁹⁸

248. In addition to issues of applying the balance of probabilities in relation to claims associated with assault, Dr Sedal raised concerns about how individual attitudes held by delegates could affect their assessment of a claimant's credibility. Dr Sedal told us:

It wasn't uncommon to hear ... comments along the lines of ... that person couldn't have been sexually assaulted because the person who sexually assaulted them was their husband or someone they had previously had a sexual relationship with. Comments about people couldn't have PTSD because they weren't behaving as if they had PTSD, or they'd gone on to have ... a good career and ... those things were incompatible.

... [U]nfortunately, that ... level of ignorance ... had a very real impact on the way that these [entitlements] claims were approached ...²⁹⁹

249. Similar concerns were raised in a confidential statement provided to us by NH-Y, a former DVA staff member who worked there from December 2010 to mid-2021.³⁰⁰
250. We note that Dr Sedal's evidence and the views of a former staff member represent their personal views, and were based on a particular period of time. We draw no firm conclusions on the basis of their views alone. However, we received significant evidence during our inquiry on the level of abuse members can be subject to during service, the extent of under-reporting, and the lifelong impacts of the physical and psychological trauma (see Chapter 8, Military sexual violence, and Chapter 9, Unacceptable behaviour and complaints management).
251. It is critical DVA ensures claims made in relation to physical and sexual abuse during service are treated sensitively. A trauma-informed approach must be used, and claims must be investigated by delegates with sufficient skills and expertise about the dynamics of military sexual violence and other forms of abuse. In particular, a minimum level of support must be provided to victims of abuse, independent of any consideration of liability (for example, referrals to appropriate support services).
252. In the time available to our inquiry we have not been able to undertake a detailed review of claims associated with sexual and physical abuse during service submitted to DVA. We have not been able to determine if there is any material difference in acceptance or correctness rates compared to other types of claims. Nor have we been able to assess the training, skills and experience of delegates who are assigned to these claims, and the supports in place for victims throughout the process.
253. We have also been unable to benchmark the approach in place for veterans against comparable civilian schemes. However, we consider this to be an important next step to provide serving and ex-serving members with assurance they will receive a high level of care and assistance when making claims associated with abuse during service.

Recommendation 92: Review claims to Department of Veterans' Affairs associated with physical and sexual abuse

The Department of Veterans' Affairs (DVA) should commission an independent review of claims made between 2015 and 2024 that are associated with physical and sexual abuse during service. The review should:

- (a) determine if there is any material difference in the acceptance or correctness rates for these claims compared to other claim types and, if so, identify why and any required changes to veterans' entitlements legislation, DVA policy, and/or training and support provided to delegates
- (b) recommend any necessary improvements that will ensure delegates deliver services in a trauma-informed way and understand the dynamics of military sexual violence and other forms of abuse during service
- (c) examine the supports in place for victims who have submitted a claim of this kind and recommend any necessary improvements to align with best practice.

Expanding the Transition Medical Assessment Pilot Program

254. As discussed in Chapter 23, Transition from military to civilian life, this period poses multiple stressors'.³⁰¹ The 'DVA claims process has been cited as a stressor that is compounded by delays in claim determinations', which 'can occur because the medical evidence submitted with a claim for compensation is insufficient or incomplete'.³⁰² The Transition Medical Assessment Pilot Program (TMAPP) has been developed to address this issue for members who are discharging for medical reasons.

255. TMAPP aims to provide 'fit for purpose medical evidence for medically transitioning ADF members with complex medical needs and comorbidities'.³⁰³ DVA told us:

TMAPP aims to provide medically transitioning ADF members with support from a clinical team who has direct access to the ADF member and their Defence medical records. The aim is to assist transitioning ADF member[s] to provide high quality medical evidence to DVA delegates so that where possible, Initial Liability claims can be determined prior to separation from the ADF and without requests for additional information.³⁰⁴

256. The opportunity to participate in TMAPP 'was offered to medically transitioning members with the most complex medical situations at the ACT Health Centre, Duntroon'.³⁰⁵ TMAPP commenced in April 2022.³⁰⁶ It was initially funded until 30 June 2023 (phase one), and has been extended to December 2024 (phase two).³⁰⁷ As at 31 May 2023:

a total of 107 members were referred to TMAPP with 75 clients participating in the project. 55 were fully supported, including comprehensive education, medical assessment and provision of evidence packs. 20 were partially supported, with provision of advice regarding the DVA claims process, the medical evidence required to support them and provision of key medical evidence. All were supported with referral and connection to other supports as required. The average number of conditions per fully supported client was 16 (median 14).³⁰⁸

257. An evaluation of phase one found:

For the top 14 most common conditions for DVA claims, there was a reduction in time between a delegate receiving a claim and reaching a determination for participants of TMAPP versus people who were medically separating during the period over which TMAPP ran. The difference was less for conditions where a psychiatric report was required to be obtained after delegate review.

Client satisfaction surveys consistently reported satisfaction with the support provided and a positive impact on the transition experience.³⁰⁹

258. In addition, the evaluation reported a range of lessons learnt, which informed phase two:

- Workforce – The early phase of TMAPP relied heavily on Occupational and Environmental Physicians (OEPs). Later in the project the workforce involved GPs and RNs with OEP support, which has proven to be effective for conducting assessments and completing required reports. OEPs are a limited workforce in Australia with approx. 300 in total. Modifying the initial pilot supported scalability and cost per participant. Difficulties in recruitment due to workforce shortages and need for security clearances were also identified.
- Inclusion criteria and conditions supported – Early project findings led to a refinement of the inclusion criteria to members with the most complex medical situations rather than all medically separating. The conditions TMAPP supported members with was refined to those that required care and treatment post separation and separating conditions, rather than all conditions.
- Information requirements of delegates – over the project significant clarification and refinement of the medical evidence packs provided to the delegate to support the claim occurred, with streamlined templates and protocols now in place.
- Workflow management – A workflow management system is required to support the identification of efficiencies and capture costs. Development of an appropriate ICT system is underway.
- Training and support – A comprehensive training manual has been developed for TMAPP staff, however will require additional refinement for scalability. A process to provide ongoing occasional support from medical Advisers – Compensation has been developed.
- Co-location with Defence and access to Defence medical records – this has been an important part of the model, although opportunities for modification exist. Trialing of a remote support option is required to understand how to achieve equity of access.
- Formalisation of processes to integrate with other services – Interactions between TMAPP and other services were largely based on relationships during the proof of concept. Improved referral processes will move elements of work from TMAPP to the appropriate service. Formal processes are under development to support scalability.
- Governance – an MOU between Defence and DVA is under development to capture roles and responsibilities, while a modified governance structure will take into account the DVA realignment and revised program governance.³¹⁰

259. The 'next steps' for phase two included modifying and testing options 'to support a scalable program that will sit sustainably within the Defence and DVA ecosystems'.³¹¹ In September 2023, Defence and DVA jointly agreed to:

undertake a needs assessment as the next step in considering a phased rollout of TMAPP services for medically separating members with complex health needs. The needs assessment was conducted to explore models for expanding the service provision to an additional site (Townsville) and expanding telehealth within the whole of the ACT/SNSW region.³¹²

260. The needs assessment report recommended Defence and DVA:

- agree on long-term funding responsibility for TMAPP before expanding services any further
- agree to a telehealth approach to provide TMAPP to New South Wales (Wagga) and North Queensland
- develop a funding proposal to provide a telehealth TMAPP service to North Queensland commencing in 2024–25 or 2025–26, forecasting a national rollout commencing in 2026–27.³¹³

261. DVA has told us it 'can absorb the costs' of expanding TMAPP to Wagga in the short-term, but additional funding would be required to expand to North Queensland and any future national expansion.³¹⁴ DVA provided the following estimate:

If funding is obtained and the telehealth TMAPP expansion in North Queensland is successful, it is anticipated a national service could then be rolled out commencing FY26/27. Estimated cost projections for a national roll out of TMAPP to serve all the ADF members medically separating with complex needs using a telehealth service is [redacted – confidential] in FY26/27. This estimate was provided for planning purposes and is based on a telehealth option and based on TMAPP reviewing 62% of the 1,955 medical discharges per year (2023 figures). Further granularity would be provided based on the experience of the telehealth rollout to the first two regions and if a face-to-face service in some locations was required.³¹⁵

262. We commend DVA and Defence for working in partnership on TMAPP, and note the importance of providing additional support for members who are medically discharging given the higher risks of suicide and suicidality for this cohort. We fully support TMAPP's expansion but note this cannot occur without additional funding.

263. The TMAPP is a good example of the progress that can be made to support vulnerable cohorts and provide coordinated care. However, other cross-agency alignments also require attention and continued focus. For example, the Separation Medical Examination Defence administers for all members could be improved to better align the scope and form of information collected with the supporting evidence DVA requires for claims. We encourage Defence and DVA to continue to identify and implement improvements.

264. In addition, our interim report highlighted the offsetting that occurs between Australian Government-funded superannuation and incapacity payments.³¹⁶ We heard throughout our inquiry about the stress and confusion caused by the interaction between DVA entitlements and the military superannuation system in particular. We consider it essential that legislative and administrative arrangements that contribute to such stress and confusion be simplified as much as possible. This would deliver on the government's intent of a system that is administratively simple for Defence, DVA and the Commonwealth Superannuation Corporation but also easy to understand for serving and ex-serving members of the ADF members.
265. In Chapter 23, Transition from military to civilian life, we flag limited steps taken by Defence to assist this process, for example to amend a standard form filled out at separation to collect information required by the Commonwealth Superannuation Corporation, but there is more work to do. We therefore encourage the Australian Government to support the work of Defence and DVA in this respect.³¹⁷

Recommendation 93: Fund the Transition Medical Assessment Pilot Program on an ongoing and national basis

The Australian Government should provide funding to the Department of Veterans' Affairs and Defence to support:

- (a) expanding the Transition Medical Assessment Pilot Program to North Queensland in 2025–26
- (b) rolling out the program nationally to serve all Australian Defence Force members who are medically separating with complex needs from 2026–27 onwards.

Requirements for medical evidence and input from medical advisers

266. The issue of medical evidence in support of claims has been raised in a range of contexts throughout our inquiry, including the extent to which delegates:
- rely on input from DVA's internal medical advisers
 - seek updated evidence from veterans' treating practitioners after a claim has been lodged
 - require veterans to undertake independent medical examinations.
267. We consider each of these issues in turn in this section. Claims need to be supported by sufficient medical evidence, but the process of undergoing medical examinations (particularly multiple times) can cause veterans distress and inconvenience, and place an added burden on them. Where conditions arise from traumatic events, requiring a

person repeatedly to recount what happened can be harmful.³¹⁸ It is therefore critical that delegates only require veterans to produce the medical evidence that is necessary to support a claim.

Reliance on DVA medical advisers

268. DVA employs medical practitioners, known as ‘medical advisers’, to advise delegates on medical issues associated with claims. Dr Felix Sedal, who was employed as a medical adviser in DVA from 2012 to 2017, and for a short period between 2020 and early 2021, gave evidence. Dr Sedal told us that, in his experience, delegates would request medical advisers confirm a diagnosis that was already recorded in a report from a veteran’s medical practitioner.³¹⁹ Dr Sedal acknowledged ‘a medical adviser’s nuanced interpretation’ was occasionally needed.³²⁰ However, in his experience, delegates sought medical advisor involvement in ‘nearly every single impairment assessment’, yet ‘it was rare to encounter a claim where there were legitimate reasons to question the impairment assessment given’ by the veteran’s medical practitioner.³²¹
269. In Dr Sedal’s view, delegates sought medical advisers’ input more often than necessary – indeed, for ‘almost all claims’ considered by the initial liability and permanent impairment teams.³²² He considered this was partly due to the large number of new delegates and their ‘rushed training’.³²³ We note this was driven by DVA’s heavy reliance on labour-hire staff which has now been addressed. Sometimes, the need for advice arose from the inherent complexity of the presenting medical issue. However, other requests were ‘rooted in Departmental culture and procedural habits’:

Delegates [sought] verification of straightforward facts ... as a protective measure ... in order to insulate themselves from the consequences of successful appeals and detection of errors in their decisions. The logic was simple: if challenged, delegates could point to the medical opinion as the basis for their decision ... [W]hen mistakes came to light, the Department’s leadership didn’t consistently back the Delegates, even if they had consulted a medical advisor ... Quality Assurance (QA) errors could be generated by non-medical staff on the basis of medical evidence interpretation but medical advisors were immune from QA errors, so these were marked against Delegates. This situation further cultivated a feeling of unease among Delegates, many of whom felt they lacked firm support from their superiors. This, in turn, led them to be overly cautious, often seeking medical advice for even minor details in their decisions. In the Melbourne teams, for instance, medical advisors were expected to approve all medical impairment assessments.³²⁴

270. Dr Sedal elaborated during Hearing Block 11:

the management style and the leadership culture [were] really not very supportive of delegates in their work, and particularly if errors occurred ... [Errors were not] used as a constructive learning experience for delegates ... [F]rom what I was told from delegates – didn’t feel like they’d be supported, felt like they had to protect themselves as much as possible in their decision-making.

... I think a large driver was just that fear ... ³²⁵

271. It should be acknowledged that DVA has been an organisation under pressure for several years. Dr Sedal's explanation of delegates' perceived need to consult the medical advisors also noted claims processing teams 'were under a lot of pressure to process as many claims as possible as quickly as possible'.³²⁶ The inter-relationship between delegates under pressure, high staff turnover, a culture perceived as fear-driven and the over-use of medical advisers underlines the need for recent changes in DVA to be embedded as business as usual.

272. In September 2023, DVA Secretary Frame told us she had:

sponsored and encouraged considerable work on the use of medical advisers within the claims process ... Work has been done to train delegates in the better use of medical advisers, which has resulted in fewer requests to advisers and faster completion of claims.³²⁷

273. DVA's latest quarterly report on improvements to the claims process stated:

DVA continues to monitor the use of Medical Advisers by Delegates and Claims Support Officers (CSOs) to ensure their targeted and consistent use. Regular reporting is provided to senior management on inappropriate referrals to Medical Advisers, which has resulted in a reduction of claims referred and improved turnaround times.

DVA is providing additional support and training packages to CSOs. An accreditation system was introduced for CSOs in February 2024.³²⁸

274. We note this work was still 'in progress' as at 31 March 2024, and urge DVA to continue initiatives aimed at ensuring medical advisers are relied upon only when necessary. Reporting on unnecessary referrals should be used to inform continuous improvement in delegates' training and practices.

Outdated supporting evidence

275. Even if adequate medical evidence is submitted with a claim, delays in processing may result in evidence being out of date by the time a delegate assesses it. For example, a condition may have worsened to the extent that the veteran is entitled to a higher amount of compensation.

276. Guidance from DVA's MRCA Policy Manual states:

Ultimately, the currency of a piece of medical evidence is entirely dependent on context. There is no set policy rule about how current a piece of evidence must be in order to be utilised for assessment purposes. Instead, the delegate must use their discretion, and, where necessary, liaise with the client and medical professionals to determine whether a piece of medical evidence is appropriate for the case.³²⁹

277. Where the question of currency of evidence arises, DVA's Policy Manual instructs delegates to, firstly, consult with clients about whether they would like the evidence to be used.³³⁰ The manual notes that evidence that is 'many years old' may still be relevant, where it reflects the client's current impairment.³³¹ In such cases, delegates are instructed to consider the following:

Does the evidence in question allow you to be reasonably satisfied that the legislative and policy criteria have been met and that the evidence is appropriate for the client at this point in time?

Another rule of thumb: if there is a PI [permanent impairment] determination that a condition is permanent and stable at a particular level, and there is no other requirement to reassess the condition (ie for GARP [Guide to Determining Impairment and Compensation] apportionment purposes), the evidence is probably indefinitely useable.

Similarly, if the indication is that the report was only valid at a specific point in time, the evidence is potentially not useable.³³²

278. Ms Natasha Cole, DVA First Assistant Secretary in charge of claims processing, agreed that in 'many but not all cases' the problem of outdated supporting evidence arose because of DVA's delays or, at least 'there were many examples ... while [DVA] had a significant backlog'.³³³ Ms Cole expected improvements to claims processing times would 'solve a lot of this problem'.³³⁴

279. Ms Cole also noted that requests for updated medical evidence are often driven by a desire to ensure the veteran will receive the requisite amount of compensation:

It is always up to the delegate to determine whether they feel they have sufficient evidence, that's their role, in order to make a determination. In many cases where I have seen that happen, it is because the delegate is wanting to maximise points available to the individual. So they're seeing if there has been a worsening of the condition over that period.³³⁵

280. It is positive that DVA policy requires delegates to consult with veterans and give them a choice as to whether they wish to seek updated supporting evidence, which is in line with Ms Cole's expectation of what should occur. However, she confirmed DVA does not monitor compliance.³³⁶ We would encourage DVA to ensure future quality assurance processes capture this element and monitor ongoing compliance.

Independent medical examinations

281. Delegates can require veterans to undergo an 'independent medical examination' by a doctor nominated by the delegate. The Commonwealth pays for the examination.³³⁷ Guidance for delegates on determining whether an independent medical examination is required is contained in handbooks and manuals available in the DVA's Consolidated Library of Information and Knowledge (CLIK). CLIK states:

Delegates may seek medical information through an independent medical examination (IME) in the medical field relevant to the condition being assessed when:

- The client does not have a treating general practitioner (GP) or a treating specialist or they are unable to provide the required medical information.
- The evidence received from a treating GP or specialist is either inconsistent with existing information or is unable to make a fair and accurate assessment of the client's claim.

These circumstances will vary on a case-by-case basis and should be discussed with the client or their representative before arranging an IME [independent medical examination].³³⁸

282. Additionally, DVA told us it may arrange for an IME where the person is unable to obtain a report from their treating medical practitioner in a timely way.³³⁹

283. The report of the Interim National Commissioner on Defence and Veteran Suicide Prevention highlighted the impact of independent medical examinations on processing times, and considered it could lead to lengthy delays:

Veterans also raised issues with me about delays occurring when their applications have to be assessed by independent medical contractors, who verify aspects of a person's claim. I have heard that this process can lead to lengthy delays. I sought to clarify the wait times for an applicant to have their independent medical assessment completed, but DVA does not currently collect these data. I recognise that DVA is seeking to reduce the need to undertake independent medical assessments by first attempting to ascertain if the medical evidence on file or submitted with the claim is sufficient to determine the claim, and then seeking medical evidence from Defence, the veteran, or the veteran's treating GP or treating specialist. Only after that is DVA calling for an independent medical assessment ... The requirement to have a person's medical condition independently verified by medical contractors, over and above the applicant providing supporting medical documentation, is excessively burdensome. In 2018, the ANAO also found that waiting for responses from medical specialists was a key reason for delays in the processing of claims.³⁴⁰

284. There is varying evidence on how many medico-legal assessments and reports DVA has ordered and how much it has spent on them. DVA told us it does not hold such information from before 2 March 2022.³⁴¹ The following statistics are from available evidence:

- According to research undertaken in 2018 by DVA's Operational Performance Improvement team (OPI) for a study of the department's handling of medical evidence, 'Medico-Legal reports cost DVA approx. \$27m annually with no formal procurement process'.³⁴²

- From 1 July 2019 to 31 March 2021, DVA received approximately 7,045 independent medical assessment reports.³⁴³ In 2020–2021, \$8.3 million was spent on independent medical assessments and \$12.7 million on reports from veterans' own medical practitioners.³⁴⁴
- In 2022–23, 4,014 appointments were booked, leading to 2,684 attendances and reports, costing \$10.6 million.³⁴⁵

285. Although there is not a direct alignment between the number of claims received in a given year and the number that required medical assessments, a comparison can give an indication of how often medical assessments have been required. Comparing the 4,014 appointments and 2,684 attendances in 2022–23 with the total of 72,201 claims received that year produces 5.6% and 3.72%, respectively.

286. We acknowledge the requirement for independent medical examinations depends on individual circumstances, and it is positive that DVA has limited the grounds on which an examination can be requested. However, more transparent reporting is required to ensure examinations are only requested when absolutely necessary, as we discuss below.

Women's health

287. The 2018 *Veterans' Advocacy and Support Services Scoping Study Report* found 'there is a lack of recognition of female-specific health conditions' in the ADF.³⁴⁶ It recommended DVA request the Repatriation Medical Authority (RMA) 'review the Statements of Principles around female-specific health conditions to ensure they are adequately recognised'.³⁴⁷

288. As discussed in our interim report, the RMA, an independent statutory authority, develops Statements of Principle (SoPs). The SoPs are legislative instruments containing lists of factors that have been determined by the RMA as causative of a particular condition or disease.³⁴⁸ Claims for liability under the VEA and MRCA are assessed against a SoP if one has been registered by the RMA.³⁴⁹

289. DVA told us the 'Australian Government had not made a decision in relation to the implementation of this recommendation'³⁵⁰ and it did not know why.³⁵¹ As part of our procedural fairness engagement, we were told 'to the extent that the evidence permits, the RMA has differentiated by gender' in the development of SoPs.³⁵² For example:

Due to the strength and the quality of the evidence, the RMA has been able to make a lower dose for alcohol consumption in a number of SoPs. However, at present the evidence concerning different quantities of load bearing in females compared to males in relation to musculoskeletal conditions is not sufficient in quality and quantity to enable different minimum loads to be prescribed by gender. The RMA currently uses the lowest possible load bearing dose consistent with the evidence for both males and females.³⁵³

290. This reflects, to some extent, analysis in the Productivity Commission *A Better Way to Support Veterans* report:

The RMA is bound by legislation to only incorporate sound medical-scientific evidence into SoPs. However, as William Gore asked, ‘if the science is not available, what then?’ ...

The answer is that the RMA treats an absence of solid evidence that there is a causal link (Grade 5a) the same as strong evidence that there is no causal link (Grade 5b) ... In many cases, such an assumption may be reasonable (eg a link is theoretically impossible), but not always. After all, an absence of evidence is not the same as evidence of an absence.³⁵⁴

291. We are encouraged by the RMA differentiating by gender in its consideration of factors where possible, but we agree with the Productivity Commission’s concerns. The RMA’s approach is an understandable solution where there is a lack of evidence to allow for differentiation. However, it still means that choosing the lowest possible load-bearing threshold in finalising a factor relevant to a condition, for example, may confer a benefit on men that is not conferred on women to the same extent.
292. DVA should work in partnership with the RMA to expand the medical and scientific evidence base, and consider gender distinctions where appropriate. When DVA commissions future studies relating to particular conditions, we agree with the RMA that it should be consulted on the scope to ensure that study results will meet the required legislative standards.³⁵⁵

Information-sharing between DVA and Defence

293. In our interim report we noted that DVA encourages claimants to get supporting documentation from Defence to avoid the delay that may result if DVA has to get it.³⁵⁶ The claim forms themselves suggest claimants get such records from Defence as ‘[t]his will help us assess your claim as quickly as possible’.³⁵⁷
294. Timely provision of information from Defence to DVA to support efficient claims processing is not a new problem. A series of ongoing administrative and ICT solutions have been developed to try to address it.
295. The ‘Single Access Mechanism’ (SAM) was phased in from 2006.³⁵⁸ It is an administrative arrangement that mainly comprises two teams of staff, one at DVA and one at Defence.³⁵⁹ Once a DVA delegate or other staff member identifies a gap in a claimant’s information, they request the DVA’s SAM team obtain the relevant records.³⁶⁰ The DVA team then asks Defence’s SAM team to obtain them.³⁶¹ The Defence SAM team first ‘quality assures’ the request:

to make sure that all the information that is required for us to be able to answer the question, and the question is clear, and then the request is triaged and depending on where within Defence that the response needs to come from, the request is sent out [to the relevant unit in Defence].³⁶²

296. The holder of the records provides them to Defence's SAM team, which 'quality assures' them before sending them to DVA.³⁶³ This process 'predominantly' obtains:

information around a veteran's circumstances ... information around their service history ... information around their medical history ... information around incidents that might have occurred where they may have been ill or injured.³⁶⁴

297. In 2011, the Review of Military Compensation Arrangements recommended:

The MRCC [Military Rehabilitation and Compensation Commission] should establish a KPI for the timeliness of provision of information by Defence to support compensation claims, and this KPI be monitored and reported in the MRCC annual report.³⁶⁵

298. The Australian Government agreed to this recommendation, stating:

Timely access to information, in the control of Defence, that is required in the investigation of a claim for initial liability or compensation is essential to allow timely outcomes of claims.³⁶⁶

299. However, no key performance indicator (KPI) has been recorded in any annual report. We recommend such a KPI be established for Defence responses to SAM requests, given their manual and resource-intensive nature and the likelihood SAM requests will continue to be needed until records are fully digitised.

300. The 2011 review also noted:

Several submissions were critical of the time taken to access Defence records to support a claim. DVA and Defence have been aware of the need to address these delays for some time.³⁶⁷

301. The review recommended:

For serving members, the Australian Defence Force (ADF) should provide information on the circumstances of the incident from which the initial liability claim arises, and related health and rehabilitation issues, with the claim for liability.³⁶⁸

302. The government accepted the recommendation, and agreed providing this information 'would expedite claims processing and contribute to lower times taken to process, but more importantly, speedier access to benefits'.³⁶⁹ Five years later – in July 2017 – Defence granted selected DVA staff access to the Defence eHealth System (DeHS).³⁷⁰

303. In addition, MyService has automated access to certain data in Defence's PMKeyS personnel management system.³⁷¹ Some DVA staff can access PMKeyS, as well as Defence's work health and safety database and e-health system,³⁷² and can thereby 'self-service'.³⁷³ However, this can only be done for digitised records. In April 2022, Defence had digitised approximately 27% of records. It expected to have digitised 40% of the records by the end of 2022 and all of them by mid-2027.³⁷⁴

304. While drafting this report, we were advised:

The DVA/Defence Electronic Data Exchange (DDEIE) project has enhanced methods of data exchange between the Department of Defence and DVA with the aim to reducing manual data searching and gathering and sharing of digital information such as service records, pay data and medical records. The outcomes from the DDEIE project mean that DVA staff will have efficient and timely access to information, currently stored in the Department of Defence systems, to assist with claims processing.³⁷⁵

305. A DVA official gave evidence that ‘the Defence and DVA electronic information exchange provides information on HR, payroll, incident information [and] WHS information ... but these system improvements ... were only delivered in May 2022’.³⁷⁶

306. The continued move towards automated and electronic data-sharing between DVA and Defence is positive, but is constrained by the extent to which Defence’s records are digitised. This work must continue as a priority, and Defence should annually report on progress until completed.

307. We also note the VETS Bill includes legislative amendments that are designed to:

consolidate, standardise and simplify the authority for information exchange between Defence, the ADF and [DVA], and are considered reasonable and necessary to support [DVA] to perform its function of determining entitlements for veterans. It will allow efficient investigation and determination of compensation claims, and the provision of appropriate services in a timely manner.³⁷⁷

308. Chapter 18, Health care for ex-serving members, includes recommended next steps to ensure timely and appropriate data and information sharing to support better outcomes for veterans.

Recommendation 94: Improve timeliness and reporting on information-sharing between Defence and the Department of Veterans’ Affairs for claims processing

To ensure timely information-sharing between the Department of Veterans’ Affairs (DVA) and Defence for the purpose of claims processing:

- (a) DVA and Defence should establish a key performance indicator for the timeliness of information provided by Defence through the Single Access Mechanism, and report on performance in annual reports
- (b) Defence should report annually on the progress of records digitisation until all records are fully digitised.

Expanding the use of presumptive liability

309. As discussed in section 25.1, the VETS Bill will introduce legislative provisions to 'enable DVA to accept claims for certain specified injuries and diseases on a "presumptive" basis where they are known to have a common causal connection with ADF service'.³⁷⁸ DVA has confirmed the 'initial instrument will include the entire list of 83 "decision ready" conditions and sequelae' already used under the VEA and MRCA. This is a welcome and positive first step.

310. Conditions are considered to be suitable for 'presumptive liability' (or in other words, 'decision ready') if they are identified as:

conditions with very high acceptance rates and/or factors that relate to known conditions of service (such as exposure to impulsive noise or sunlight in relation to service in certain locations and timeframes) that will be experienced by members of the ADF or where there is unambiguous evidence on a veteran's file (such as sustaining a particular type of injury) which means that further investigation is not required.³⁷⁹

DVA considers whether the data available in relation to the circumstances of the claim, including the veteran's condition and service history, meet any of the SOP factors. These generally relate to conditions that involve lifting or other quantifiable factors.³⁸⁰

311. DVA has told us that the changes to be introduced through the VETS Bill:

significantly reduce the evidentiary burden in the claims process – in effect removing the need to address or establish causation. Such claims will be conducive to streamlined and expedited (if not automated) processing for positive determinations (ie based on proof of relevant service and diagnosis is provided). Establishment of causal links to service would not be required.³⁸¹

312. The Bill's Exposure Draft report discusses feedback on the use of presumptions.³⁸² The Australian Government highlighted a Consortium of South Australian Ex-service Organisations' submission that saw the introduction of presumptive liability provisions as 'a key area for continuing reform, as it has the potential to significantly reduce the stress and anxiety of veterans submitting claims for medical conditions arising from their service'.³⁸³ It also drew attention to the Vietnam Veterans Association of Australia endorsing the 'concept of presumptive liability and encourage[d] the department to consider ways and means of expanding this'.³⁸⁴ We agree.

313. DVA has told us the VETS Bill will 'enable greater flexibility' to expand the use of presumptive liability, and it is 'undertaking research to consider additional conditions and circumstances that would warrant future inclusion in this category'.³⁸⁵ This work is critical, as the benefits of the legislative amendments for veterans will only be fully realised if the number of conditions subject to presumptive liability is expanded on an ongoing basis, supported by a robust and dedicated research program. In addition, the areas of research focus should be informed by the views of the veteran community, rather than solely determined by DVA.

314. DVA has told us it is ‘implementing a new approach to the funding and procurement of its research and evaluation work under a new model’.³⁸⁶ It includes ‘partnering with research entities over a five-year period to deliver more coordinated and innovative research and evaluation projects’. Research to support the expansion of presumptive liability should be a dedicated workstream, informed by the views of the expert committee on veteran health research (recommended in Chapter 29, Use of data and research by Defence and DVA), which includes representatives with lived experience of service life, suicidality and mental health.
315. We note that the concept of presumptive liability is not limited to veterans’ entitlements. Recent changes to the *Safety, Rehabilitation and Compensation Act 1988* (SRCA) have introduced presumptive workers’ compensation coverage under the SRCA for:
- first responders and members of a class of employees declared by the relevant Minister, who suffer, or are suffering from post-traumatic stress disorder.
- ... The presumption applies to specified employees in Commonwealth and Australian Capital Territory workplaces from 15 December 2023, including:
- a) Australian Federal Police
 - b) Australian Border Force
 - c) Firefighters, ambulance officers (including paramedics), emergency services communications operators and other persons engaged under the Australian Capital Territory Emergencies Act 2004.³⁸⁷
316. The SRCA amendments are consistent with Recommendation 8 of the Senate Education and Employment Reference Committee inquiry, *The people behind 000: Mental health of our first responders*.³⁸⁸ The amendments will mean that if someone in the identified groups is diagnosed with post-traumatic stress disorder (PTSD), their employment as a first responder will be taken to have significantly contributed to its onset or aggravation, unless the contrary is established. Thus, it reverses the onus of proof from first responders to employers.³⁸⁹ It does not introduce new entitlements to compensation payments but it reduces the administrative burden for those making a claim for PTSD and supports timely access to compensation.³⁹⁰
317. DVA’s research program should also be informed by developments in civilian workers’ compensation schemes, where these are relevant to the ADF context. As a priority, we recommend DVA consider whether a presumption related to PTSD should apply to certain ADF roles, in light of the recent SRCA amendments.
318. Ongoing transparency and accountability are critical to ensure the use of presumptive liability is expanded. Currently, claims processing reporting does not include the extent to which presumptive liability applies to determinations. However, DVA has provided some information based on two ways that claims eligible for presumptive liability are processed (computer-based decision-making and straight-through processing). Of the 39,770 initial liability claims determined in 2022–23:³⁹¹

- 1,863 claims included conditions that were *eligible* for computer-based decision making (DVA does not have data on how many eligible conditions were included within those claims).³⁹²
- 25,015 claims included conditions that were *eligible* for straight-through processing (the claims covered 26,244 individual conditions).³⁹³

319. DVA annual reports should include the number of additional conditions and sequelae covered by presumptive liability to provide ongoing assurance that its use, enabled by the VETS Bill, is being expanded. Annual reports should also include the number and percentage of initial liability determinations made pursuant to presumptive liability provisions (discussed in section 23.2.4).

Recommendation 95: Support the expanded application of ‘presumptive liability’

The Department of Veterans’ Affairs (DVA) should:

- (a) establish a dedicated ongoing workstream to support the expanded use of presumptive liability as part of its research and evaluation model, informed by the views of the expert committee on veteran health research (Recommendation 117)
- (b) follow developments in civilian workers’ compensation schemes, and consider where they are relevant to Australian Defence Force (ADF) contexts. As an immediate priority, DVA should consider whether a presumption related to liability for post-traumatic stress disorder should apply to certain roles within the ADF.

Embedding Provisional Access to Medical Treatment

320. The Provisional Access to Medical Treatment (PAMT) program provides veterans with access to free medical and allied health treatment for one or more of the 20 most commonly accepted injuries and health conditions while they are waiting for an initial liability claim to be determined.³⁹⁴

321. The PAMT ‘trial’ began in July 2017 and has been extended multiple times since then. The latest extension was due to finish in June 2024. However, the 2024–25 Federal Budget included \$10.2m ‘over two years to extend’ the program.³⁹⁵ By June 2026, PAMT would have been operating for nine years.

322. While PAMT has never been formally evaluated, information provided by DVA indicates it has resulted in a range of benefits. Between July 2017 and December 2022:

36,549 veterans have been connected with earlier access to medical treatment while their claims are processed ... This empowers veterans and their families to manage their own wellbeing outcomes, removing financial burdens of seeking treatment.³⁹⁶

323. DVA told us PAMT mitigates some of the effects of delayed claims processing, including 'worsening of [a veteran's] primary injury', 'secondary injuries, including mental health issues' and 'a subsequent increase in medical costs'.³⁹⁷

324. From July to September 2023, the claims where veterans had accessed PAMT prior to their claim being determined had an acceptance rate of 90%.³⁹⁸ While PAMT has a budgetary cost, given such a high number of claims are accepted a significant proportion of its cost is essentially just incurred earlier than it would otherwise have been. That is, DVA is highly likely to pay the cost of treatment for PAMT-covered health conditions in the long-term, but PAMT means the costs are covered before liability is formally determined.

325. Given the well-known evidence supporting the positive benefits of accessing treatment as early as possible, coupled with the high acceptance rates of claims associated with PAMT, we consider PAMT should be embedded as business as usual. We note it will have been funded for almost a decade by June 2026. The Australian Government should provide certainty for veterans and fund it on an ongoing basis.

Recommendation 96: Ongoing funding for Provisional Access to Medical Treatment

The Australian Government should fund Provisional Access to Medical Treatment beyond June 2026 on an ongoing basis.

Expanding the Veteran Payment

326. The Veteran Payment is an interim payment available to veterans who:

- have lodged a claim associated with a mental health condition under the MRCA or DRCA
- are unable to work more than eight hours per week
- are waiting for their claim to be determined
- are below Age Pension age and are a resident of Australia (and are in Australia when the claim was lodged)
- meet an income and assets test.³⁹⁹

327. The Veteran Payment ceases 42 days after the claim is determined, at which point the recipient is transitioned to an 'appropriate benefit or payment' from DVA (if the claim is approved), or an appropriate Services Australia payment if eligible (if the claim is declined). The Veteran Payment cannot be received at the same time as other forms of income assistance including JobSeeker, ABSTUDY, incapacity payments, disability support pension, service pension or war widow(er)'s pension.⁴⁰⁰
328. The Veteran Payment will continue unchanged under the VETS Bill. It was introduced to ensure veterans with mental health conditions do not reach a point of financial crisis while they are waiting for their claims to be determined.
329. The payment is not available to veterans who have made a claim related to physical health conditions. However, we know that physical and mental health conditions are often inter-related. As discussed in Chapter 1, Understanding suicide, there is evidence certain vulnerable cohorts with physical health conditions are at higher risk of suicide and suicidality. Mr Geoff Evans, of Homes for Heroes, explained:
- What might start out as a physical injury that impacts mobility or results in chronic pain progresses into mental health conditions, such as anxiety and depression as they increasingly finding [sic] themselves 'fighting the system' established to support them.⁴⁰¹
330. Professor Andrew Collie has also noted that physical injury can have substantial psychological impacts, and a large proportion of people making claims for physical conditions also have substantial psychological morbidity.⁴⁰²
331. Beyond claims processing delays, there are other reasons why a veteran may be waiting an extended amount of time for their claim to be determined. These include if the Repatriation Medical Authority is investigating the type of injury or illness so it can decide whether to issue a Statement of Principles when one does not exist.⁴⁰³ A full investigation or review of a Statement of Principles has taken more than a year although the Australian Government told us across 2022–23 that timeframe is now less than six months.⁴⁰⁴
332. Veterans who have made claims related to physical conditions, are unable to work more than eight hours a week and meet the income and assets test, may also be at risk of financial crisis and at higher risk of suicide while waiting for their claim to be determined. However, a closer examination of claims data, claimants' characteristics and the research evidence base is needed to determine whether there are specific cohorts of veterans with physical health conditions who are at higher risk of suicide, and who may therefore benefit from receiving the Veteran Payment. DVA should undertake this work in conjunction with the Repatriation Commission, to inform advice to the Australian Government.

Recommendation 97: Consider giving the Veteran Payment to more veterans with physical health conditions

The Department of Veterans' Affairs (DVA), in conjunction with the Repatriation Commission, should examine whether there are specific cohorts of veterans with physical health conditions who are at higher risk of suicide and may therefore benefit from receiving the Veteran Payment.

If such cohorts are identified, DVA should seek the appropriate authority from the Australian Government to extend the Veteran Payment to those cohorts.

25.2.4 Holding the Australian Government and DVA to account

333. During Hearing Block 5, the Hon Andrew Gee MP, former Minister for Veterans' Affairs, said:

Now, it has to be said that not every veteran has a bad experience with DVA or claims processing, and you speak to quite a few veterans who have said, you know, 'My experience was really good' and they will come up and tell you, but not everyone has had that experience. And so to me, to discharge your duties as the Minister, you need to be trying to solve these issues for them, and these are organisational issues and legislative issues and process issues which we should be able to get on top of ...⁴⁰⁵

334. In Hearing Block 12, the Hon Richard Marles MP, the Deputy Prime Minister and senior minister for the defence portfolio including DVA, said:

We are committed to implementing the thrust of this ... Commission and, right now ... it is impossible for me to say more, but ... people will get to ultimately assess what you recommend and the degree to which we implement it.⁴⁰⁶

335. The Deputy Prime Minister agreed that supporting serving ADF personnel includes seeking to reduce suicide and suicidality for serving and ex-serving members.⁴⁰⁷ As he told us: 'This needs to be a moment of change'.⁴⁰⁸

336. Chair of this Royal Commission, Mr Nick Kaldas APM, noted in Hearing Block 10:

Sadly, in regards to addressing suicide and suicidality within the Defence and veteran population, there has been too much talk and not enough action which has cost, and continues to cost, many lives.⁴⁰⁹

337. DVA Secretary Ms Frame, responding to Commissioner Brown's invitation to give a message to 'a lot of veterans ... who still feel a lot of anger and have a lot of distress around their engagement, often not that far past',⁴¹⁰ said:

My message to them would be that I would acknowledge their experience and the impact on them of sub-optimal practices in the past and I would want to acknowledge that hurt and distress and apologise for that. And just indicate that going forward, we are just committed to continuing to try and improve wherever we can. And I can't change their prior experience, I can apologise for it, but I can't change it. But I can certainly try and change the experience for them and for other veterans going forward.⁴¹¹

338. Following the 2024–25 Federal Budget, DVA told us:

DVA is now the best resourced and the biggest it has been in more than 30 years. This sound resource base provides the platform for innovation and the capacity to pursue and deliver service improvement.⁴¹²

339. The DVA Secretary has given veterans a clear commitment to improving their experiences when lodging claims with the department, and the Australian Government has provided DVA with the resources to deliver. It is imperative that the Deputy Prime Minister's promise of change is translated into practical action. Ongoing transparency and reporting are required to ensure the Australian Government and DVA can be held to account long after this Royal Commission has ended.

340. The need for ongoing scrutiny was highlighted during our final Hearing Block in March 2024. DVA told us that as part of improvements to claims processing, it had developed a set of customer service standards for communication between DVA and veterans (for example, that phone calls will be returned within two days).⁴¹³ Unfortunately, although the standards had been established five or six months earlier, neither the acting manager of the division who had developed them, nor his predecessor, could tell us how DVA would measure compliance with the standards.⁴¹⁴

341. Beyond customer service standards, the time taken to process (TTTP) claims is also a significant determining factor in veterans' experiences with DVA. As discussed in section 25.2.2, DVA has made progress in reducing the TTTP, and we acknowledge that average timeframes will remain high until the claims in the backlog have been fully determined.

342. However, we are concerned that the Australian Government's commitment to process claims lodged under *Military Rehabilitation and Compensation Act 1984* (Cth) (the MRCA) within 90 days has not been translated into robust performance measures. DVA's performance framework includes annual reporting on the percentage of claims determined within 90 days, with a target 'equal to or greater than 50 per cent'. The results for 2021–22 and 2022–23 are in Table 25.4.

Table 25.4 Timeliness performance measures and results – MRCA liability and permanent impairment claims (2021–22 to 2022–23)

Performance measure	Target (%)	2021–22 result (%)	2022–23 result (%)
MRCA liability claims processed (determined) within 90 days	≥50	26	20
MRCA permanent impairment claims processed (determined) within 90 days	≥50	16	13

Source: DVA Annual Report 2022-23 (Outcome 1), (Exhibit 93-02.018, DVS.0011.0001.0950).

343. Even after claims in the backlog have been determined and DVA is meeting its performance targets, the current performance measures mean that 50% of veterans' claims under MRCA could be determined in more than 90 days, and the target would still be met. We do not consider this to be a genuine reflection of the government's commitment to veterans, nor does it provide sufficient incentive for DVA to ensure the vast majority of veterans receive a claim determination within 90 days or less. Significantly greater ambition is needed.
344. The introduction of the VETS Bill and the adoption of the Demand Driven Funding Model provides an opportunity for the Australian Government to genuinely commit to meeting the legislative timeframes for MRCA claims set out in the *Australian Veterans' Recognition (Putting Veterans and Their Families First) Act 2019*. From 1 July 2026, we believe DVA's performance targets for the timeliness of liability and permanent impairment claims under the MRCA should, at a minimum, be reset at 65% of claims being determined within 90 days. From 1 July 2028 the target should increase to a minimum of 80% of claims. This would provide a much more meaningful measure of progress in delivering better outcomes for veterans.
345. In addition, annual reporting should include:
- data-driven measures of DVA's compliance with its recently developed customer service standards
 - the percentage of claims where DVA requested an independent medical examination (as discussed in section 25.2.3)
 - the number of additional conditions and sequelae covered by presumptive liability compared to the previous year; as well as the number and percentage of initial liability determinations that were made pursuant to presumptive liability provisions (as discussed in section 25.2.3).

Recommendation 98: Strengthen Department of Veterans' Affairs performance targets for claims processing timeframes, and improve transparency

Department of Veterans' Affairs (DVA) performance targets for the timeliness of liability and permanent impairment claims under the *Military Rehabilitation and Compensation Act 2004* (Cth) (the new single Act) should be reset so that:

- (a) by 1 July 2026, at least 65% of claims are determined within 90 days
- (b) by 1 July 2028, at least 80% of claims are determined within 90 days.

Starting in 2024–25, DVA should include in its annual reports:

- (c) data-driven measures of DVA's compliance with its customer service standards
- (d) the percentage of claims for which DVA requested an independent medical examination
- (e) the number of additional conditions and sequelae covered by presumptive liability compared with the previous year, as well as the number and percentage of initial liability determinations that were made pursuant to presumptive liability provisions.

Annexure 25.1 Liability, needs assessment and compensation determinations

346. As set out in the interim report, the veteran support system as currently conceived is made up of three main Acts:

- *Veterans' Entitlements Act 1986* (Cth) (the VEA)
- the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth) (the DRCA)
- the *Military Rehabilitation and Compensation Act 1984* (Cth) (the MRCA).

347. As discussed in the chapter, the passage of the Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 would mean the MRCA would become the single ongoing Act and cover conditions arising out of service performed before 1 July 2024 (as well as on or after that date). The MRCA will generally continue to operate as it does now.

348. In other words, most entitlements will continue to arise only if an 'initial liability' claim has been made and a delegate has made a determination accepting that the Commonwealth is liable for an injury or disease or death. The term 'condition' is used to cover both injuries and diseases.⁴¹⁵ Such a determination requires proof that the veteran has the condition, or died, and that the condition or death was related to ADF service.⁴¹⁶

349. Under the MRCA, monetary compensation and most rehabilitation services do not arise automatically from a determination accepting liability. Rather, a 'needs assessment' may be conducted first.⁴¹⁷ Access to many rehabilitation services is also subject to an assessment of the person's capacity for rehabilitation.⁴¹⁸ Some treatments and other services become available upon the acceptance of liability. For example:

- (a) health-related services designed to restore a person's health and capacity as much as possible, assistance to find defence or civilian employment and assistance with transitioning from defence to civilian life⁴¹⁹
- (b) providing those who have sustained impairment from a service-related injury or disease with aids and appliances, repairs to same, and alterations to home, work and articles used by the person.⁴²⁰

350. If various criteria are met, compensation and other benefits are also payable to certain 'dependants', such as partners and children of serving and ex-serving members, including when a member's death was service-related or preceded by service-related impairment.⁴²¹

Initial liability determinations

351. The primary work of a delegate dealing with an initial liability claim is to consider the claim and the material (information and evidence) available in respect of it and then make a determination. If they consider it appropriate, the delegate seeks further material – for example, more information about the claimant's Defence service or a further medical opinion. The delegate may seek the advice of colleagues – perhaps a team leader or senior delegate, perhaps the insight of one of the DVA's contracted medical advisors.
352. In making a determination, the delegate must apply the law to the claim. In particular, in the case of claims to which the VEA or MRCA applies, the applicable SoP must be applied to the claim in order to determine whether or not the veteran's condition is related to service in the Defence Force. In the case of claims under the DRCA and MRCA, the determination is known as an 'initial liability determination'⁴²² and, if the claim is accepted, the condition is often thereafter called the 'accepted condition'.⁴²³ Across the current veteran support system, separate initial liability determinations are made for each claimed condition.⁴²⁴
353. If the claimant is a serving or ex-serving Defence member, the key elements that the delegate must decide are:
- whether or not the claimant undertook relevant service in the ADF
 - whether or not the claimant has an injury or illness and, if so, what that injury or illness is
 - whether or not the Commonwealth is (having taken into account all relevant factors, especially any required connection between the person's service and the person's condition) liable for the condition.

If the claimant is a family member seeking an entitlement based on the family member's dependency on, or other connection to, a serving or ex-serving Defence member then there is a slightly modified list of elements.

354. Upon a determination that the Commonwealth is liable in respect of an injury or disease, the veteran will be able to get access to treatment for it and, if the veteran does not already have one, a veteran card (most commonly, the White Card) will be issued.
355. As above, other entitlements such as rehabilitation and compensation, do not flow automatically from a determination accepting liability. Some are dependent upon the outcome of a needs assessment.

Needs assessments under MRCA

356. If initial liability has been accepted under MRCA, a 'needs assessment' may be carried out.⁴²⁵ The assessment can address whether or not an assessment should be made of the person's capacity for rehabilitation, whether or not compensation would be due if sought, and the person's medical and other treatment needs.⁴²⁶
357. Provided it is done before any claim for compensation (in respect of the condition) is determined,⁴²⁷ an MRCA needs assessment may be conducted at any time after liability is accepted.⁴²⁸ In practice, it is typical for the delegate who determined the initial liability claim also to conduct the needs assessment.⁴²⁹
358. The MRCA allows compensation claims to be made orally,⁴³⁰ even though all other claims must be made in writing.⁴³¹ If the claimant does want to claim compensation then a compensation claim is registered.⁴³² (Sometimes a claimant will defer seeking compensation until a later time.)

Compensation for permanent impairment and incapacity

359. A favourable initial liability determination under the MRCA does not itself secure compensation for incapacity or permanent impairment. Rather, a further claim must be made.⁴³³
360. If a claim is made, monetary compensation is available for permanent impairment and incapacity arising from injuries, diseases and deaths related to service.⁴³⁴ Such claims give rise to a need for a distinct determination: the delegate must decide the extent, if any, to which the permanent impairment or incapacity is attributable to the condition for which liability has previously been (or at the same time is) accepted:
- (a) Incapacity is about the person's incapacity to serve or work.⁴³⁵ Compensation for incapacity is based on loss of earnings and is paid on a weekly basis.⁴³⁶
 - (b) Impairment is about reduction of the person's functioning in mind or body.⁴³⁷ Ultimately, upon a permanent impairment claim, the delegate must score the degree of impairment on a scale from 1 to 100. The assessment of the claimant's treating medical practitioner is significant evidence. A DVA medical advisor's input can also be obtained. Compensation for permanent impairment is based on the degree of impairment and comprises a weekly payment of money (although the person can choose to convert the entitlement [or some of it, depending on the circumstances] into a lump sum).⁴³⁸ Under the MRCA, severely impaired people can choose to receive a Special Rate Disability pension.⁴³⁹

Annexure 25.2 A Cycle of Impacts recommendations

Following are findings and recommendations from a Flinders University analysis of DVA culture, the report of which is entitled *A Cycle of Impacts*.⁴⁴⁰

Improve staff training:

- Improve the quality of online training (Orientation and ongoing training). Claims staff found online training convenient and useful for some introductory and everyday operational aspects of their role; but it was limited in helping them understand how to apply it to more complex aspects of their role.
- Implement more face-to-face training options; consider more blended learning (combining online and face-to-face) to accommodate more diverse learning styles and improve learning outcomes for adult learners. Claims staff stressed the enormous value in opportunities to learn from each other, ask questions as they arise during training, and the general sense of cohesion created by face-to-face training and professional development activities.
- Provide more intensive training for new staff. Significant variation in type, mode and extent of training has likely occurred among the 500 new Client Benefits Division staff, in particular. Some have reporting undertaking limited online modules only prior to commencing their Veteran-facing roles. The Claims staff role is complex. It is essentially asking administrative staff with varying abilities to deliver trauma-informed care into sometimes complex clinical scenarios for which they may have little prior experience, qualifications or training.
- Implement more opportunities for Claims staff to gain practical knowledge (e.g., visits to bases, etc). Claims staff stressed the enormous value in having direct contact with staff in other parts of the Claims pathway to understand their perspective and role, and in direct experiential understanding of everyday service in the military and its impacts (e.g., weight of gear, physical wear and tear).
- Improve consistency and reach of training across staff groups and Divisions. Pockets of good training have been produced locally.
- Develop more meaningful training in Trauma-Informed Care. E.g., use tangible examples drawn from Veteran cases, of actual exchanges between Veterans and Claims staff that reflect trauma-informed and non-trauma-informed dialogues, and their impacts for Veterans and Claims staff.
- Include more Veterans in training delivery (include their positive AND negative experiences, so that Claims staff are better prepared and understand, from the Veterans' perspective, what the challenges are in seeking support from DVA and navigating the Claims process)
- Consistent ongoing support once in role to translate training to practice
- Train more senior staff to provide effective supervision, mentorship, support
- Improve quality of trainers

Support staff better:

- Trauma-informed care must also include care of staff. Learn from good supervision and everyday staff support models currently occurring 'locally' in pockets of excellent practice. Acknowledge the many staff providing peer support to each other (e.g., practical problem-solving, supporting training and its on-the-job application, emotional support)
- Recruitment rush – train better, look after people better, take the view of 'return on investment' to improve retention and staff satisfaction.
- Reconsider the dominant focus on KPIs versus support to staff to do the role well. This involves review of caseload numbers but also a shift in attitude, achieving better balance between a rigid focus on numbers and the need for more flexible approaches (with improved supervision) that acknowledge Veteran claim complexity, worker experience, etc.
- Address insensitive, complicated, bureaucratic language such as that which de-personalises Veterans' experiences and does not come from the Veterans' perspective; consult Lived Experience expertise to get the messaging right for verbal and written communications internally (and in training), and in letters and verbal contact with Veterans and their families.
- Consider team size, staff cohesion and support elements, and work arrangements to ensure peer support for staff. Greater preference by many to work from home may be in part a response to the 'cycle of impacts' noted above.
- Consider staff mobility within the Department, to address abrupt moves and give more choice and control, to minimise uncertainty and unpredictability felt by staff.
- There is a perception of a predominant focus on internal systems of tracking of administrative errors and complaints from Veterans or others, then of giving negative feedback to staff (individual, team and/or Division level). Building the skills of supervisors in providing negative and positive feedback could be enhanced. Give staff more positive feedback to acknowledge their efforts, particularly in managing complexity, so that they can operationalise it and learn also from what has worked well.

Improve the model:

- Address the apparent disconnect between Medical Advisors and Claims staff in gathering and application of 'evidence' for claims.
- Consider how to address the multiple steps and multiple hands on the Claims process.
- Improve staff feedback and consultation processes, to maximise ways to 'learn from' staff about the everyday challenges and opportunities they see in the current system steps, tools and components.
- Consider how to address information access better for different staff within the Claim chain steps.
- Address fragmented Information Technology systems.

Endnotes

- 1 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, pp 171–179.
- 2 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, pp 169–170.
- 3 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 169 [1].
- 4 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, pp 169–170.
- 5 Productivity Commission, *A Better Way to Support Veterans*, Report No. 93, June 2019, vol 1 (Exhibit 01-01.010, Hearing Block 1, INQ.0000.0001.2299); Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584);.
- 6 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 169 [10].
- 7 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 170 [14].
- 8 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 192 [105].
- 9 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 106 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).
- 10 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 191 [98], 193 [115].
- 11 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 202.
- 12 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 202.
- 13 Australian Government, *Response to the Interim Report of the Royal Commission into Defence and Veteran Suicide*, September 2022, p 6 (Exhibit ZZ-01.037, DVS.0000.0002.0816).
- 14 PFLR-53.1 (DVA Legislation, Commonwealth response), PFL.0021.0002.0001 at 0003.
- 15 Explanatory Memorandum for the Veterans' Entitlements, Treatment and Supports (Simplification and Harmonisation) Bill 2024 (Cth) p 4.
- 16 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p xvii, 202.
- 17 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 77 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 18 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 78 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 19 Productivity Commission, *A Better Way to Support Veterans*, Report No. 93, June 2019, vol 1, p 51 (Exhibit 01-01.010, Hearing Block 1, INQ.0000.0001.2299).
- 20 Australian Government, *Veterans' Legislation Reform Consultation Pathway: Creating a simpler, easier to use system for the veteran community*, 2023, p 2 (Exhibit ZZ-01.034, DVS.7777.0001.1126).
- 21 Productivity Commission, *A Better Way to Support Veterans*, Report No. 93, June 2019, vol 1, p 52 (Exhibit 01-01.010, Hearing Block 1, INQ.0000.0001.2299).
- 22 Australian Government, *Veterans' Legislation Reform Consultation Pathway: Creating a simpler, easier to use system for the veteran community*, 2023, p 2 (Exhibit ZZ-01.034, DVS.7777.0001.1126).
- 23 Productivity Commission, *A Better Way to Support Veterans*, Report No. 93, June 2019, vol 1, p 63 (Exhibit 01-01.010, Hearing Block 1, INQ.0000.0001.2299).
- 24 Australian Government, *Veterans' Legislation Reform Consultation Pathway: Creating a simpler, easier to use system for the veteran community*, 2023, p 2 (Exhibit ZZ-01.034, DVS.7777.0001.1126).
- 25 Productivity Commission, *A Better Way to Support Veterans*, Report No. 93, June 2019, vol 1, p 66 (Exhibit 01-01.010, Hearing Block 1, INQ.0000.0001.2299).
- 26 Australian Government, *Veterans' Legislation Reform Consultation Pathway: Creating a simpler, easier to use system for the veteran community*, 2023, p 2 (Exhibit ZZ-01.034, DVS.7777.0001.1126).
- 27 Explanatory Memorandum, Veterans' Entitlements, Treatment and Supports (Simplification and Harmonisation) Bill 2024 (Cth) p 4.
- 28 Explanatory Memorandum, Veterans' Entitlements, Treatment and Supports (Simplification and Harmonisation) Bill 2024 (Cth) p 5.

- 29 Veterans' Entitlements, Treatment and Supports (Simplification and Harmonisation) Bill 2024 (Cth) s 2.
- 30 Australian Government, *Veterans' Legislation Reform Consultation Pathway: Creating a Simpler, Easier to Use System for the Veteran Community*, 2023, p 3 (Exhibit ZZ-01.034, DVS.7777.0001.1126).
- 31 Department of Veterans' Affairs, 'How do the changes impact you?', webpage, last updated 3 July 2024, www.dva.gov.au/about/royal-commission/veterans-legislation-reform/how-do-changes-impact-you, viewed 17 July 2024 (Exhibit ZZ-01.030, DVS.7777.0001.1101).
- 32 PFLR-53.1 (DVA Legislation, Commonwealth response), PFL.0021.0002.0001 at 0005.
- 33 Department of Veterans' Affairs, *Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 – Exposure Draft: Creating a simpler, easy to use system for the veteran community*, 2024, p 5 (Exhibit ZZ-01.036, DEF.1396.0004.0001).
- 34 Department of Veterans' Affairs, *Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 – Exposure Draft: Creating a simpler, easy to use system for the veteran community*, 2024, p 5 (Exhibit ZZ-01.036, DEF.1396.0004.0001).
- 35 Explanatory Memorandum, Veterans' Entitlements, Treatment and Supports (Simplification and Harmonisation) Bill 2024 (Cth) p 5.
- 36 Veterans' Entitlements, Treatment and Supports (Simplification and Harmonisation) Bill 2024 (Cth) sch 4.
- 37 Explanatory Memorandum, Veterans' Entitlements, Treatment and Supports (Simplification and Harmonisation) Bill 2024 (Cth) p 7.
- 38 Veterans' Entitlements, Treatment and Supports (Simplification and Harmonisation) Bill 2024 (Cth) sch 5.
- 39 Veterans' Entitlements, Treatment and Supports (Simplification and Harmonisation) Bill 2024 (Cth) sch 1.
- 40 Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 (Cth) sch 1; Department of Veterans' Affairs, *Consultation Report: Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 – Exposure Draft*, 2024, p 3 (Exhibit ZZ-01.035, DVS.7777.0001.1134).
- 41 Department of Veterans' Affairs, *Consultation Report: Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 – Exposure Draft*, 2024, p 4 ((Exhibit ZZ-01.035, DVS.7777.0001.1134).
- 42 Department of Veterans' Affairs, *Consultation Report: Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 – Exposure Draft*, 2024, p 4 ((Exhibit ZZ-01.035, DVS.7777.0001.1134).
- 43 Veterans' Entitlements, Treatment and Supports (Simplification and Harmonisation) Bill 2024 (Cth) s 2 and sch 3.
- 44 Veterans' Entitlements, Treatment and Supports (Simplification and Harmonisation) Bill 2024 (Cth) sch 3.
- 45 Department of Veterans' Affairs, *Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 – Exposure Draft: Creating a simpler, easy to use system for the veteran community*, 2024, p 4 (Exhibit ZZ-01.036, DEF.1396.0004.0001).
- 46 B Topperwien, 'Relaxed Evidentiary Rules in Veterans' Legislation: a Comparative and Empirical Analysis', *Southern Cross University Law Review*, vol 7, 2003, pp 261–262.
- 47 B Topperwien, 'Relaxed Evidentiary Rules in Veterans' Legislation: a Comparative and Empirical Analysis', *Southern Cross University Law Review*, vol 7, 2003, pp 261–262.
- 48 *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth) s 7(1), 7(2).
- 49 Explanatory Memorandum, Veterans' Entitlements, Treatment and Supports (Simplification and Harmonisation) Bill 2024 (Cth) p 10.
- 50 PFLR-53.1 (DVA Legislation, Commonwealth response), PFL.0021.0002.0001 at 0010-0011.
- 51 Exhibit ZZ-04.066, Department of Veterans' Affairs, Policy Committee – Productivity Commission response: Compensation Reform Framework – Service Differential, 21 May 2020, DVA.5019.0001.0013 at 0017.
- 52 Exhibit ZZ-04.066, Department of Veterans' Affairs, Policy Committee – Productivity Commission response: Compensation Reform Framework – Service Differential, 21 May 2020, DVA.5019.0001.0013 at 0017.
- 53 Department of Veterans' Affairs, *Submission to the Productivity Commission Inquiry into Compensation and Rehabilitation for Veterans*, July 2018, p 120 (Exhibit C-01.029, STU.0006.0001.5325).

- 54 Exhibit ZZ-04.066, Department of Veterans' Affairs, Policy Committee – Productivity Commission response: Compensation Reform Framework – Service Differential, 21 May 2020, DVA.5019.0001.0013 at 0017.
- 55 Exhibit ZZ-04.066, Department of Veterans' Affairs, Policy Committee – Productivity Commission response: Compensation Reform Framework – Service Differential, 21 May 2020, DVA.5019.0001.0013 at 0017.
- 56 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, pp 198–199.
- 57 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 199.
- 58 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 199.
- 59 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 199.
- 60 Productivity Commission, *A Better Way to Support Veterans*, No 93, June 2019, vol 1, p 289 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299); Productivity Commission, *A Better Way to Support Veterans, Report no 93*, June 2019, vol 2, p 637 (Exhibit 001-01.011, Hearing Block 1, INQ.0000.0001.2780).
- 61 PFLR-53.1 (DVA Legislation, Commonwealth response), PFL.0021.0002.0001 at 0015.
- 62 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 199.
- 63 Department of Veterans' Affairs, *Veterans' Legislation Reform Consultation Pathway: Creating a Simpler, Easier to Use System for the Veteran Community*, 2023, pp 1–2 (Exhibit ZZ-01.034, DVS.7777.0001.1126)
- 64 Department of Veterans' Affairs, *Consultation Report: Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 – Exposure Draft*, 2024, p 5 (Exhibit ZZ-01.035, DVS.7777.0001.1134).
- 65 Explanatory Memorandum, Veterans' Entitlements, Treatment and Supports (Simplification and Harmonisation) Bill 2024 (Cth) p 115.
- 66 PFLR-53.1 (DVA Legislation, Commonwealth response), PFL.0021.0002.0001 at 0015.
- 67 Exhibit 23-04.001, Hearing Block 3, Geoffrey Evans, Witness Statement, GEV.0000.0001.0074_R at 0077–0078.
- 68 Department of Defence, 'Operations Resolute', webpage, www.defence.gov.au/defence-activities/operations/resolute, viewed 28 May 2024 (Exhibit Q-01.002, DVS.4444.0003.0001).
- 69 Transcript, BR2, Hearing Block 1, 9 December 2021, pp 9-811 [39–41], 9-806 [8–19].
- 70 Transcript, BR2, Hearing Block 1, 9 December 2021, p 9-805 [39–41, 45–46].
- 71 Transcript, BR2, Hearing Block 1, 9 December 2021, p 9-806 [3–6].
- 72 Transcript, BR2, Hearing Block 1, 9 December 2021, p 9-809 [23–24].
- 73 Exhibit C-01.029, Department of Veterans' Affairs, Submission to the Productivity Commission Inquiry into Compensation and Rehabilitation for Veterans, July 2018, STU.0006.0001.5325 at 5459; Transcript, Douglas Humphreys, Hearing Block 4, 7 April 2022, p 2438 [13–17].
- 74 Exhibit ZZ-01.031, Pay and Conditions Manual, Chapter 17, Part 3: Conditions of Service, DVS.7777.0001.1105 at 1105-1006; Transcript, Douglas Humphreys, Hearing Block 4, 7 April 2022, p 27-2438 [18–19].
- 75 Exhibit C-01.029, Department of Veterans' Affairs, *Submission to the Productivity Commission Inquiry into Compensation and Rehabilitation for Veterans*, July 2018, STU.0006.0001.5325 at 5459.
- 76 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Witness Statement, DEF.9999.0011.0344 at 0520.
- 77 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Witness Statement, DEF.9999.0011.0344 at 0522–0523.
- 78 PFLR-53.1 (DVA Legislation, Commonwealth response), PFL.0021.0002.0001 at 0013.
- 79 Exhibit C-01.029, Department of Veterans' Affairs, *Submission to the Productivity Commission Inquiry into Compensation and Rehabilitation for Veterans*, July 2018, STU.0006.0001.5325 at 5459.
- 80 Exhibit CC-01.076, Treatment under Non-liability Health Care Arrangements, DVS.6666.0001.2748 at 2748,
- 81 Transcript, Paul Irving, Hearing Block 1, 3 December 2021, p 5-474 [45-46].
- 82 Transcript, Paul Irving, Hearing Block 1, 3 December 2021, p 5-476 [16].
- 83 Exhibit CC-01.114, RSL Australia, Submission, SUB.0000.0101.0188 at 0194.
- 84 Exhibit CC-01.114, RSL Australia, Submission, SUB.0000.0101.0188 at 0195.
- 85 Exhibit CC-01.114, RSL Australia, Submission, SUB.0000.0101.0188 at 0195.

86 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, pp 217–222 [32]–[56].

87 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, pp 217 [32–33], 218–219 [37]–[41], 220–227 [47]–[64], 230–235 [77]–[104].

88 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 213 [3].

89 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 222 [55]; T Varker and others, *Mental Health Impacts of Compensation Claims Assessment Processes on Claimants and their Families: Final report*, Phoenix Australia – Centre for Posttraumatic Health, September 2018, p 34 (Exhibit 11-01.002, Hearing Block 3, STU.0002.0001.0074).

90 A Collie, *The Mental Health Impacts of Compensation Claim Assessment Processes*, Monash University, 5 March 2019, pp 5, 20 (Exhibit 11-01.0001, Hearing Block 3, STU.0002.0001.0001).

91 A Collie, *The Mental Health Impacts of Compensation Claim Assessment Processes*, Monash University, 5 March 2019, p 44 (Exhibit 11-01.0001, Hearing Block 3, STU.0002.0001.0001).

92 A Collie, *The Mental Health Impacts of Compensation Claim Assessment Processes*, Monash University, 5 March 2019, p 25 (Exhibit 11-01.0001, Hearing Block 3, STU.0002.0001.0001).

93 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, pp 19 [36], 24 [57] (Exhibit 20-03.029, Hearing Block 3, AWW.0000.0001.0021).

94 Name withheld, Submission, ANON-Z1E7-Q9R3-P, p 2.

95 Transcript, Ivan Slavich, Hearing Block 1, 6 December 2021, p 6-578 [13–17], [23–34].

96 Transcript, Karen Bird, Hearing Block 12, p 100-10149 [42].

97 Transcript, Karen Bird, Hearing Block 12, p 100-10150 [4–9].

98 Exhibit 100-01.001, Hearing Block 12, Karen Bird, Witness Statement, KBI.0000.0001.0206 at 0211 [29–30], 0212 [36]; Exhibit 100-01.005, Hearing Block 12, Karen Bird, Further Witness Statement, KBI.0000.0001.0661 at 0668 [39].

99 Exhibit 100-01.001, Hearing Block 12, Karen Bird, Witness Statement, KBI.0000.0001.0206 at 0213 [39].

100 Coroners Court of Victoria, *Finding into Death with Inquest: Inquest into the Death of Jesse Stephen Bird*, April 2020, p 39 [180] (Exhibit F-04.003, DEF.0003.0007.8224).

101 Exhibit 31-01.002, Hearing Block 4, Initial Background Paper to the Royal Commission into Defence and Veteran Suicide, EXP.0004.0020.0233 at 0233 [5]–0234 [9].

102 Exhibit 14-04.008, Hearing Block 2, Schedule 3 Official Order, Official Order number DVA PNL 2021-22/66, DVA.0002.0001.0258_R at 0263.

103 Exhibit 33-02.020, Hearing Block 4, Ministerial Submission from DVA MS21-000536 – ‘Your Memorandum Regarding the Claims processing Diagnostic Review Being Undertaken by McKinsey & Co and Engagement with Families of Those who Died by Suicide’, AGE.0004.0001.0003_R at 0011 [6], 0012 [14].

104 Exhibit 33-02.020, Hearing Block 4, Ministerial Submission from DVA MS21-000536 – ‘Your Memorandum regarding the claims processing diagnostic review being undertaken by McKinsey & Co and engagement with families of those who died by suicide’, AGE.0004.0001.0003_R at 0014–0015.

105 Transcript, Vicki Rundle, Hearing Block 2, 18 February 2022, p 15-1324 [17–40].

106 Transcript, Kate Pope, Hearing Block 3, 16 March 2022, p 22-1997 [8–14].

107 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 222; Transcript, Elizabeth Cosson, Hearing Block 4, 14 April 2022, p 31-2925 [39].

108 Exhibit 75-01.001, Hearing Block 10, Alison Frame, Witness Statement, DVA.9999.0062.0001 at 0014 [87].

109 Transcript, Alison Frame, Hearing Block 10, 26 July 2023, p 75-7278 [13–19].

110 PFLR-39 (DVA – Claims Processing, Commonwealth response), PFL.0020.0002.0093 at 0094.

111 PFLR-39 (DVA – Claims Processing, Commonwealth response), PFL.0020.0002.0093 at 0094.

112 PFLR-39 (DVA – Claims Processing, Commonwealth response), PFL.0020.0002.0093 at 0094.

113 PFLR-39 (DVA – Claims Processing, Commonwealth response), PFL.0020.0002.0093 at 0096.

114 Coroners Court of Victoria, *Finding into Death with Inquest: Inquest into the Death of Jesse Stephen Bird*, 7 April 2020, pp 51 [219]–52 [222] (Exhibit F-04.003, DEF.0003.0007.8224).

115 I Campbell and others, *Review of Military Compensation Arrangements: Report for the Minister for Veterans’ Affairs*, vol 1, February 2011, p 33 [139] (Exhibit C-01.028, STU.0006.0001.5223); A Collie, *The Mental Health Impacts of Compensation Claim Assessment Processes*, Monash University, 5 March 2019, p 27 (Exhibit 11-01.0001, Hearing Block 3, STU.0002.0001.0001).

116 Transcript, Gerard McAleese, Hearing Block 4, 7 April 2022, p 27-2489 [20–35].

- 117 Transcript, Natasha Cole, Hearing Block 3, 16 March 2022, p 22-1997 [20–21].
- 118 Name withheld, Submission, ANON-Z1E7-QWWT-T, p [2].
- 119 Exhibit 75-01.001, Hearing Block 10, Alison Frame, Witness Statement, DVA.9999.0062.0001 at 0013 [81]–[82], 0012 [73]–[74].
- 120 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9402 [6–9].
- 121 S Lawn and others, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims Services to Veterans Survey Development and Results Analysis*, Flinders University, 6 March 2024, p 5 (Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).
- 122 S Lawn and others, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims Services to Veterans Survey Development and Results Analysis*, Flinders University, 6 March 2024, p 5 (Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).
- 123 S Lawn and others, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims Services to Veterans Survey Development and Results Analysis*, Flinders University, 6 March 2024, p 5 (Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).
- 124 S Lawn and others, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims Services to Veterans Survey Development and Results Analysis*, Flinders University, 6 March 2024, pp 5–6 (Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).
- 125 S Lawn and others, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims Services to Veterans Survey Development and Results Analysis*, Flinders University, 6 March 2024, p 33 (Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).
- 126 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, pp 214–217.
- 127 Department of Veterans' Affairs, 'Making a claim for service-related condition', webpage, last updated 11 May 2023, www.dva.gov.au/get-support/financial-support/compensation-claims/making-claim-service-related-condition, viewed 12 May 2024 (Exhibit 88-02.017, Hearing Block 12, DVS.0012.0001.1889).
- 128 Department of Veterans' Affairs, 'Making a claim for service-related condition', webpage, last updated 11 May 2023, www.dva.gov.au/get-support/financial-support/compensation-claims/making-claim-service-related-condition, viewed 12 May 2024 (Exhibit 88-02.017, Hearing Block 12, DVS.0012.0001.1889).
- 129 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0022 [2.2].
- 130 Exhibit ZZ-01.011, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-183, DVA.9999.0163.0001 at 0001 [3].
- 131 Exhibit 14-04.016, Department of Veterans' Affairs, DVA's Claims Process Diagnostic, 14 December 2021, DVA.0006.0001.0022 at 0025.
- 132 Transcript, Alexander Caroly, Hearing Block 12, 6 March 2024, pp 88-8702 [26–29], 99-8710 [24–45]; Transcript, Natasha Cole, Hearing Block 12, 6 March 2024, pp 88-8702 [26–40], 88-8710 [24]–88-8711 [1].
- 133 Transcript, Natasha Cole, Hearing Block 12, 6 March 2024, pp 88-8704 [46]–88-8705 [1], 88-8703 [27–30], 88-8705 [3–10].
- 134 Exhibit ZZ-01.011, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-183, DVA.9999.0163.0001 at 0002 [5].
- 135 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0022.
- 136 Transcript, Natasha Cole, Hearing Block 12, 6 March 2024, p 88-8721 [42]–[43].
- 137 Exhibit ZZ-01.011, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-183, DVA.9999.0163.0001 at 0001 [5]; Transcript, Natasha Cole, Hearing Block 12, 6 March 2023, pp 88-8708 [15]–88-8709 [31].
- 138 Department of Veterans' Affairs, *Initial Liability (IL/VEA) Delegate: R&C ISH Step-by-Step Guide* (ver. 2.0), p 89 (Exhibit F-04.027, DVA.5055.0001.0120); *Veterans' Entitlements Act 1986* (Cth) s 13AE, 17, 35G, 36K, 37K, 38K and 45P; *Military Rehabilitation and Compensation Act 2004* (Cth) s 324.
- 139 Transcript, Natasha Cole, Hearing Block 12, 6 March 2024, pp 88-8710 [24–27], [32–46] and 88-8711 [1]; Exhibit AA-01.007, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-141, DVA.9999.0114.0008 at 0017 [6.11].
- 140 Exhibit 14-04.017, Hearing Block 2, Bruce Hunter, Witness Statement, EXP.0002.0018.0001 at 0006 [26 (3)]; Exhibit 14-04.016, Hearing Block 2, DVA's Claims Process Diagnostic,

14 December 2021, DVA.0006.0001.0022 at 0156; Transcript, Bruce Hunter, Hearing Block 2, 17 February 2022, pp 14-1261 [40]–14-1262 [1], 14-1262 [14], 14-1280 [1-4]; Transcript, Luke Brown and Vicki Rundle, Hearing Block 2, 18 February 2022, pp 15-1327 [26]–[27], 15-1327 [43]–15-1328 [13], 15-1331 [39]–15-1332 [2]; Transcript, Natasha Cole, Hearing Block 12, 6 March 2024, pp 88-8718 [4–5], 8710 [25–27], [32–43]; Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, pp xxviii [18], 226 [63], 228 [67].

141 Transcript, Alexander Caroly, Hearing Block 12, 6 March 2024, p 88-8710 [29–30]; Transcript, Natasha Cole, Hearing Block 12, 6 March 2024, pp 88-8710 [24–27], [32–46], 88-8711 [1], 88-8722 [14–17]; Exhibit AA-01.007, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-141, DVA.9999.0114.0008 at 0017 [6.11].

142 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p xviii.

143 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9381 [11–21].

144 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012, at 0019.

145 Department of Veterans' Affairs, 'Claim processing times', webpage, last updated July 2024, www.dva.gov.au/claim-processing, viewed July 2024.

146 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p xviii.

147 Exhibit ZZ-01.005, Department of Veterans' Affairs Voluntary Submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0023.

148 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, pp 222–241.

149 Department of Veterans' Affairs, 'Claim Processing Times', webpage, last updated July 2024, www.dva.gov.au/claim-processing, viewed July 2024.

150 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0022.

151 *Australian Veterans' Recognition (Putting Veterans and Their Families First) Act 2019* (Cth) s 7(3).

152 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0019, 0022.

153 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0019.

154 Department of Veterans' Affairs, 'Claim processing times', webpage, last updated 15 July 2024, www.dva.gov.au/claim-processing, viewed 18 July 2024.

155 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 227.

156 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 231 [82–84].

157 Transcript, Elizabeth Cosson, Hearing Block 4, 14 April 2022, p 31-2923 [38].

158 Transcript, Elizabeth Cosson, Hearing Block 4, 14 April 2022, p 31-2923 [43–44].

159 Transcript, Elizabeth Cosson, Hearing Block 4, 14 April 2022, p 31-2980 [25–27]

160 Transcript, Elizabeth Cosson, Hearing Block 4, 14 April 2022, p 31-2980 [29–33].

161 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, pp 232–233.

162 Transcript, Kate Pope, Hearing Block 10, 25 July 2023, p 74-7169 [39–47].

163 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0022 [2.2].

164 Transcript, Glen Casson, Hearing Block 3, 16 March 2022, p 22-2011 [4–12].

165 Exhibit 22-05.005, Hearing Block 3, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-008, DVA.9999.0001.0299 at 0326, 0353, 0370, 0386.

166 Transcript, Glen Casson, Hearing Block 3, 16 March 2022, p 22-2013 [1–4].

167 Transcript, Kate Pope, Hearing Block 3, 16 March 2022, p 22-2011 [47].

168 Transcript, Kate Pope, Hearing Block 3, 16 March 2022, p 22-2019 [21–39].

169 Transcript, Kate Pope, Hearing Block 3, 16 March 2022, p 22-2020 [3–4].

170 Exhibit 74-02.013, Hearing Block 10, Sustainable Service Delivery Presentation, DVA.5048.0001.1666.

171 Exhibit F-04.001, Alison Frame, Witness Statement, DVA.9999.0088.0024 at 0028 [22].

172 Exhibit F-04.001, Alison Frame, Witness Statement, DVA.9999.0088.0024 at 0028 [25].

- 173 PFLR-39 (DVA – Claims Processing, Commonwealth Response), PFL.0020.0002.0093 at 0149–0150.
- 174 PFLR-39 (DVA – Claims Processing, Commonwealth Response), PFL.0020.0002.0093 at 0150.
- 175 Exhibit ZZ-01.005, Department of Veterans’ Affairs, Voluntary Submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0023 [2.5].
- 176 Transcript, Traci-Ann Byrnes, Hearing Block 2, 18 February 2022, p 15-1342 [5–9].
- 177 Exhibit 31-01.007, Hearing Block 4, Department of Veterans’ Affairs, Response to Notice to Give, NTG-DVA-009, DVA.9999.0002.0001 at 0001.
- 178 Exhibit ZZ-01.005, Department of Veterans’ Affairs Voluntary Submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0049 [9.3]–0050 [9.4].
- 179 Productivity Commission, *A Better Way to Support Veterans*, No. 93, 27 June 2019, vol 1, p 134 (Box 3.1) (citations omitted) (Exhibit 01-01.010, Hearing Block 1, INQ.0000.0001.2299).
- 180 Exhibit 75-01.001, Hearing Block 10, Alison Frame, Witness Statement, DVA.9999.0062.0001 at 0012 [75].
- 181 Transcript, Traci-Ann Byrnes, Hearing Block 2, 18 February 2022, p 15-1342 [5–9].
- 182 Transcript, Laura Sham, Hearing Block 10, 25 July 2023, p 74-7171 [2–11].
- 183 Transcript, Laura Sham, Hearing Block 10, 25 July 2023, pp 74-7179 [19–20], [23–24], [34–35], 74-7180 [4–27].
- 184 Transcript, Laura Sham, Hearing Block 10, 25 July 2023, p 74-7171 [34–37].
- 185 Transcript, Laura Sham, Hearing Block 10, 25 July 2023, p 74-7171 [34–37].
- 186 Transcript, Laura Sham, Hearing Block 10, 25 July 2023, p 74-7180 [35–37].
- 187 Transcript, Laura Sham, Hearing Block 10, 25 July 2023, p 74-7180 [39–44].
- 188 Transcript, Kate Pope, Hearing Block 11, 25 July 2023, p 74-7172 [1–11].
- 189 Transcript, Kate Pope, Hearing Block 11, 25 July 2023, p 74-7171 [11–16].
- 190 Exhibit ZZ-01.005, Department of Veterans’ Affairs, Voluntary Submission to the Royal Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0049 [9.3]–0050 [9.4].
- 191 Department of Veterans’ Affairs, *Corporate Plan 2023-24*, report, 2023, p 9 (Exhibit F-04.074, DVS.1111.0001.2449).
- 192 Australian Government, *Update on Implementation of Interim Report of the Royal Commission into Defence and Veteran Suicide as at 30 June 2023*, p 9 (Exhibit F-04.087, DVS.1111.0001.3503).
- 193 Exhibit ZZ-01.003, Department of Veterans’ Affairs, *Budget 2024-25 Information Sheet*, DVS.7777.0001.0009.
- 194 Transcript, Natasha Cole, Hearing Block 3, 16 March 2022, p 22-1997 [37]; Transcript, Elizabeth Cosson, Hearing Block 4, 14 April 2022, p 31-2935 [42]; Exhibit 74-02.016, Hearing Block 10, Permanent Impairment Claims Process Discovery & Improvement Report, DVA.5048.0001.0235.
- 195 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 244 (Table 5.6).
- 196 Exhibit 31-01.001, Hearing Block 4, Elizabeth Cosson, Witness Statement, DVA.9999.0008.0001 at 0017 [88–89].
- 197 Australian Government, *Update on Implementation of Interim Report of the Royal Commission into Defence and Veteran Suicide as at 30 June 2023*, p 6 (Exhibit F-04.087, DVS.1111.0001.3503).
- 198 Exhibit 31-01.001, Hearing Block 4, Elizabeth Cosson, Witness Statement, DVA.9999.0008.0001 at 0017 [88–89].
- 199 Exhibit ZZ-01.025, Department of Veterans’ Affairs, Response to Notice to Give, NTG-DVA-085, Tranche 2, DVA.9999.0075.0001 at 0030 [3.5].
- 200 Exhibit ZZ-01.025, Department of Veterans’ Affairs, Response to Notice to Give, NTG-DVA-085, Tranche 2, DVA.9999.0075.0001 at 0017.
- 201 Australian Government, *Update on Implementation of Interim Report of the Royal Commission into Defence and Veteran Suicide as at 30 June 2023*, p 6 (Exhibit F-04.087, DVS.1111.0001.3503).
- 202 Exhibit ZZ-01.003, Department of Veterans’ Affairs, *Budget 2024-25 Information Sheet*, DVS.7777.0001.0009.

203 Exhibit 31-01.001, Hearing Block 4, Elizabeth Cosson, Witness Statement,
DVA.9999.0008.0001 at 0017 [79].

204 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0018.

205 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0047.

206 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0047.

207 S Lawn and others, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims
Services to Veterans Survey Development and Results Analysis*, Flinders University,
6 March 2024, pp 6–7 (Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).

208 S Lawn and others, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims
Services to Veterans Survey Development and Results Analysis*, Flinders University,
6 March 2024, pp 6, 46, 48 (Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).

209 S Lawn and others, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims
Services to Veterans Survey Development and Results Analysis*, Flinders University,
6 March 2024, p 10 (Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).

210 PFLR-36.4 (Special Report, Commonwealth Response), PFL.0003.0002.0019 at 0023.

211 S Lawn and others, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims
Services to Veterans Survey Development and Results Analysis*, Flinders University,
6 March 2024, pp 6–7 (Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).

212 Exhibit 90-06.022, Hearing Block 12, The Systems Approach to Defence Learning
Practitioners' Guide, February 2015, DEF.1047.0002.4509 at 4576.

213 Exhibit 83-01.018, Hearing Block 11, Letter from Consultant to Elizabeth Cosson, 5 April 2018,
p 1, DVA.5051.0029.0713.

214 Transcript, Alexander McFarlane, Hearing Block 12, 22 March 2024, p 98-9896 [12–20];
Exhibit 98-01.001, Hearing Block 12, Alexander McFarlane, Response to Notice to Give,
NTG-AMF-001, AMF.0000.0001.0001 at 0008-0009, 0016.

215 Exhibit 98-01.001, Hearing Block 12, Alexander McFarlane, Response to Notice to Give,
NTG-AMF-001, AMF.0000.0001.0001 at 0037, 0041.

216 S Lawn and others, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims
Services to Veterans Survey Development and Results Analysis*, Flinders University,
6 March 2024, p 6 (Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).

217 S Lawn and others, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims
Services to Veterans Survey Development and Results Analysis*, Flinders University,
6 March 2024, p 35 (Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).

218 S Lawn and others, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims
Services to Veterans Survey Development and Results Analysis*, Flinders University,
6 March 2024, p 36 (Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).

219 S Lawn and others, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims
Services to Veterans Survey Development and Results Analysis*, Flinders University,
6 March 2024, p 9 (Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).

220 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0045.

221 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012
at 0047 [8.19].

222 Exhibit 15-01.003, Hearing Block 2, Report on Department of Veterans' Affairs (DVA)
Actions Relevant to the Findings of the Independent Study into the Mental Health Impacts
of Compensation Claim Assessment Processes, EXP.0002.0016.0001 at 0001.

223 A Collie, *The Mental Health Impacts of Compensation Claim Assessment Processes*,
Monash University, 5 March 2019, pp 7, 55–56 (Exhibit 11-01.0 01, Hearing Block 3,
STU.0002.0001.0001).

224 Transcript, Vicki Rundle, Hearing Block 2, 18 February 2022, p 15-1325 [10–15].

225 Transcript, Vicki Rundle, Hearing Block 2, 18 February 2022, p 15-1325 [23–28].

226 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p xi.

227 Department of Veterans' Affairs, *Quarterly Report Recommendation 3 – Improving
the administration of the claims system January-March 2024*, February 2024, p 3
(Exhibit ZZ-01.054, DVS.7777.0001.1937).

- 228 I Campbell and others, *Review of Military Compensation Arrangements: Report for the Minister for Veterans' Affairs*, vol 1, February 2011, p 28 [106] (Exhibit C-01.028, STU.0006.0001.5223).
- 229 Department of Veterans' Affairs, 'Government response to review of military compensation arrangements', webpage, last updated 21 January 2020, www.dva.gov.au/about/accessing-information/what-can-i-access/corporate-information-access/reporting/reviews/government-response-review-military-compensation-arrangements, viewed 23 July 2024 (Exhibit ZZ-01.055, DVS.6666.0001.5960).
- 230 See I Campbell and others, *Review of Military Compensation Arrangements: Report for the Minister for Veterans' Affairs*, vol 1, February 2011, p 51, Recommendation 16.1 (Exhibit C-01.028, STU.0006.0001.5223); Department of Veterans' Affairs, 'Government response to review of military compensation arrangements', webpage, last updated 21 January 2020, www.dva.gov.au/about/accessing-information/what-can-i-access/corporate-information-access/reporting/reviews/government-response-review-military-compensation-arrangements, viewed 17 June 2024 (Exhibit ZZ-01.055, DVS.6666.0001.5960); Exhibit 83-01.001, Hearing Block 11, Felix Sedal, Witness statement, FSA.0000.0001.0001_R at 0023 [90]; Transcript, Felix Sedal, Hearing Block 11, 6 September 2023, pp 83-8166 [23–28], [33–35], 83-8167 [8–13].
- 231 Transcript, Natasha Cole, Hearing Block 12, 6 March 2024, pp 88-8706 [36]–88-8707 [28], 88-8726.
- 232 Exhibit ZZ-01.025, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-085, Tranche 2, DVA.9999.0075.0001 at 0003.
- 233 Exhibit ZZ-01.025, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-085, Tranche 2, DVA.9999.0075.0001 at 0003.
- 234 I Campbell and others, *Review of Military Compensation Arrangements: Report for the Minister for Veterans' Affairs*, vol 1, February 2011, p 26 [95] (Exhibit C-01.028, STU.0006.0001.5223); Transcript, Natasha Cole, Hearing Block 12, 6 March 2024, pp 88-8706 [36]–88-8709 [47], 88-8725 [44]–88-8726 [46]; Exhibit ZZ-01.025, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-085, Tranche 2, DVA.9999.0075.0001 at 0001-0004.
- 235 A Collie, *The Mental Health Impacts of Compensation Claim Assessment Processes*, Monash University, 5 March 2019, p 6 (Exhibit 11-01.0 01, Hearing Block 3, STU.0002.0001.0001).
- 236 *Military Rehabilitation and Compensation Act 2004* (Cth) s 68 (1)(a), 68(b)(i); Transcript, Felix Sedal, Hearing Block 11, 6 September 2023, pp 83-8158 [31]–83-8159 [25].
- 237 Transcript, Felix Sedal, Hearing Block 11, 6 September 2023, p 83-8160 [31-32]; Exhibit 83-01.001, Hearing Block 11, Felix Sedal, Witness Statement, FSA.0000.0001.0001_R at 0022 [87]–0023 [88].
- 238 Exhibit 83-01.001, Hearing Block 11, Felix Sedal, Witness Statement, FSA.0000.0001.0001_R at 0021 [80]–0022[85]; Transcript, Felix Sedal, Hearing Block 11, 6 September 2023, pp 83-8159 [37]–83-8160 [30].
- 239 S Lawn and others, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims Services to Veterans Survey Development and Results Analysis*, Flinders University, 6 March 2024, p 31 (Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).
- 240 S Lawn and others, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims Services to Veterans Survey Development and Results Analysis*, Flinders University, 6 March 2024, p 32 (Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).
- 241 S Lawn and others, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims Services to Veterans Survey Development and Results Analysis*, Flinders University, 6 March 2024, p 9 (Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).
- 242 Exhibit 74-01.002, Hearing Block 10, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-094, DVA.9999.0069.0001 at 0007 [13.6].
- 243 Exhibit 74-01.002, Hearing Block 10, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-094, DVA.9999.0069.0001 at 0001 [4.1]–0002 [4.4], 0002 [5.1].
- 244 Exhibit 74-01.013, Hearing Block 10, Department of Veterans' Affairs, *The DVA Special Operations Forces Pilot: Pilot Program Report*, March 2019, DVA.0023.0001.0094 at 0156-0157; Exhibit 74-01.002, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-094, DVA.9999.0069.0001 at 0003 [9.2], 0004 [10.3], 0004 [11.1].
- 245 Transcript, Kate Pope, Hearing Block 10, 25 July 2023, p 74-7107 [30–45]; Department of Veterans' Affairs, *Senate Inquiry into Suicide by Veterans and Ex-service Personnel Recommendations: Progress of Implementation as at 31 January 2020*, pp 5–6 (Exhibit AAA-01, STU.0002.0001.0151)

246 Transcript, Kate Pope, Hearing Block 10, 25 July 2023, p 74-7107 [33–34].

247 Transcript, Natasha Fox, Hearing Block 3, 15 March 2022, p 21-1875 [41–43];
Exhibit 74-01.013, Hearing Block 10, Department of Veterans' Affairs, *The DVA Special Operations Forces Pilot: Pilot Program Report*, March 2019, DVA.0023.0001.0094.

248 Exhibit 74-01.013, Hearing Block 10, *The DVA Special Operations Forces Pilot: Pilot Program Report*, March 2019, DVA.0023.0001.0094 at 0096.

249 Exhibit 83-01.001, Hearing Block 11, Felix Sedal, Witness Statement, FSA.0000.0001.0001_R at 0039 [150]–0040 [152].

250 Exhibit 74-01.013, Hearing Block 10, *The DVA Special Operations Forces Pilot: Pilot Program Report*, March 2019, DVA.0023.0001.0094 at 0119.

251 Exhibit 74-01.013, Hearing Block 10, *The DVA Special Operations Forces Pilot: Pilot Program Report*, March 2019, DVA.0023.0001.0094 at 0098.

252 Transcript, Kate Pope, Hearing Block 10, 25 July 2023, p 74-7118 [6–12].

253 Exhibit 74-01.013, Hearing Block 10, *The DVA Special Operations Forces Pilot: Pilot Program Report*, March 2019, DVA.0023.0001.0094 at 0121.

254 Exhibit F-04.001, Alison Frame, Witness Statement, DVA.9999.0088.0024 at 0030 [37];
Exhibit F-04.005, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-097, Tranche 2, DVA.9999.0086.0001 at 0115–0116.

255 Exhibit 74-01.002, Hearing Block 10, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-094, DVA.9999.0069.0001 at 0008 [14.2] and footnote 2; Exhibit F-04.005, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-097, Tranche 2, DVA.9999.0086.0001 at 0115.

256 Exhibit 74-01.002, Hearing Block 10, Department of Veterans' Affairs, Response to Notice to Give, NTG-DEF-094, DVA.9999.0069.0001 at 0007 [14.1].

257 Exhibit 74-01.013, Hearing Block 10, *The DVA Special Operations Forces Pilot: Pilot Program Report*, March 2019, DVA.0023.0001.0094 at 0144.

258 Exhibit 74-01.013, Hearing Block 10, *The DVA Special Operations Forces Pilot: Pilot Program Report*, March 2019, DVA.0023.0001.0094 at 0126.

259 Transcript, Natasha Cole, Hearing Block 3, 16 March 2022, p 22-2005 [10–20];
Exhibit 22-05.005, Hearing Block 3, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-008, DVA.9999.0001.0299 at 0352; Exhibit C-01.011, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-022, DVA.9999.0015.0001 at 0002 [9].

260 Exhibit F-04.001, Alison Frame, Witness Statement, 11 September 2023, DVA.9999.0088.0024 at 0030 [34].

261 Exhibit 33-01.003, Hearing Block 5, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-020, DVA.9999.0012.0057 at 0070.

262 Exhibit 33-01.003, Hearing Block 5, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-020, DVA.9999.0012.0057 at 0070 [58].

263 Exhibit 33-01.003, Hearing Block 5, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-020, DVA.9999.0012.0057 at 0070 [60].

264 Exhibit F-04.001, Alison Frame, Witness Statement, 11 September 2023, DVA.9999.0088.0024 at 0030 [35].

265 Exhibit 33-01.003, Hearing Block 5, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-020, DVA.9999.0012.0057 at 0070 [60].

266 Exhibit C-01.011, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-002, DVA.9999.0015.0001 at 0003 [11].

267 Exhibit 33-01.003, Hearing Block 5, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-020, DVA.9999.0012.0057 at 0069 [55]; see also Exhibit 22-05.005, Hearing Block 3, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-008, DVA.9999.0001.0299 at 0352.

268 Exhibit 33-01.003, Hearing Block 5, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-020, DVA.9999.0012.0057 at 0069 [56]; see also Exhibit 22-05.005, Hearing Block 3, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-008, DVA.9999.0001.0299 at 0352.

269 Transcript, Natasha Cole, Hearing Block 3, 16 March 2022, p 22-2005 [23–29].

270 Exhibit 75-01.001, Hearing Block 10, Alison Frame, Witness Statement, DVA.9999.0062.0001 at 0015 [98].

271 Exhibit 75-01.001, Hearing Block 10, Alison Frame, Witness Statement, DVA.9999.0062.0001 at 0015–0016 [98].

272 Exhibit 33-01.003, Hearing Block 5, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-020, DVA.9999.0012.0057 at 0070 [61].

273 Exhibit 33-01.003, Hearing Block 5, Department of Veterans' Affairs, Response to Notice
to Give, NTG-DVA-020, DVA.9999.0012.0057 at 0070 [61]; Exhibit ZZ-01.011, Department
of Veterans' Affairs, Response to Notice to Give, NTG-DVA-183, DVA.9999.0163.0001 at
0002 [6]–[8].

274 Exhibit 33-01.003, Hearing Block 5, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-020, DVA.9999.0012.0057 at 0070 [62].

275 PFLR-39 (DVA – Claims processing, Commonwealth response), PFL.0020.0002.0093 at 0111.

276 Exhibit 75-01.001, Hearing Block 10, Alison Frame, Witness Statement, DVA.9999.0062.0001
at 0015 [98].

277 Transcript, Alison Frame, Hearing Block 10, 26 July 2023, p 75-7269 [22–23].

278 Exhibit 75-01.001, Hearing Block 10, Alison Frame, Witness Statement, DVA.9999.0062.0001
at 0016 [98].

279 Exhibit 75-01.001, Hearing Block 10, Alison Frame, Witness Statement, DVA.9999.0062.0001
at 0016 [98].

280 Transcript, Alison Frame, Hearing Block 11, 26 July 2023, p 75-7259 [17–34].

281 Exhibit F-04.001, Alison Frame, Witness Statement, DVA.9999.0088.0024 at 0030 [35]

282 Exhibit ZZ-01.005, Department of Veterans' Affairs Voluntary Submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0024.

283 Exhibit ZZ-01.005, Department of Veterans' Affairs Voluntary Submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0025.

284 Exhibit ZZ-01.005, Department of Veterans' Affairs Voluntary Submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0025.

285 Exhibit ZZ-01.005, Department of Veterans' Affairs Voluntary Submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012
at 0024-0025.

286 PFLR-39 (DVA – Claims Processing, Commonwealth Response), PFL.0020.0002.0093
at 0100.

287 PFLR-39 (DVA – Claims Processing, Commonwealth Response), PFL.0020.0002.0093
at 0111.

288 PFLR-39 (DVA – Claims Processing, Commonwealth Response), PFL.0020.0002.0093
at 0112.

289 PFLR-39 (DVA – Claims Processing, Commonwealth Response), PFL.0020.0002.0093
at 0111–0112.

290 Exhibit 83-01.003, Hearing Block 11, Email from Felix Sedal to [redacted],
DVA.5051.0003.7314 at 7314.

291 Exhibit 83-01.003, Hearing Block 11, Internal DVA email dated 2 March 2017,
DVA.5051.0003.7314 at 7314.

292 Department of Veterans' Affairs, '3.4.7 Claims related to sexual and physical abuse', webpage,
last updated 18 September 2019, [klik.dva.gov.au/military-compensation-mrca-manuals-
and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-
sexual-and-physical-abuse](http://klik.dva.gov.au/military-compensation-mrca-manuals-and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-sexual-and-physical-abuse), viewed 17 July 2024 (Exhibit ZZ-01.056, DVS.7777.0001.1928).

293 Department of Veterans' Affairs, '3.4.7 Claims related to sexual and physical abuse', webpage,
last updated 18 September 2019, [klik.dva.gov.au/military-compensation-mrca-manuals-
and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-
sexual-and-physical-abuse](http://klik.dva.gov.au/military-compensation-mrca-manuals-and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-sexual-and-physical-abuse), viewed 17 July 2024 (Exhibit ZZ-01.056, DVS.7777.0001.1928).

294 Department of Veterans' Affairs, '3.4.7 Claims related to sexual and physical abuse', webpage,
last updated 18 September 2019, [klik.dva.gov.au/military-compensation-mrca-manuals-
and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-
sexual-and-physical-abuse](http://klik.dva.gov.au/military-compensation-mrca-manuals-and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-sexual-and-physical-abuse), viewed 17 July 2024 (Exhibit ZZ-01.056, DVS.7777.0001.1928).

295 Department of Veterans' Affairs, '3.4.7 Claims related to sexual and physical abuse', webpage,
last updated 18 September 2019, [klik.dva.gov.au/military-compensation-mrca-manuals-
and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-
sexual-and-physical-abuse](http://klik.dva.gov.au/military-compensation-mrca-manuals-and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-sexual-and-physical-abuse), viewed 17 July 2024 (Exhibit ZZ-01.056, DVS.7777.0001.1928).

296 Department of Veterans' Affairs, '3.4.7 Claims related to sexual and physical abuse', webpage,
last updated 18 September 2019, [klik.dva.gov.au/military-compensation-mrca-manuals-
and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-
sexual-and-physical-abuse](http://klik.dva.gov.au/military-compensation-mrca-manuals-and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-sexual-and-physical-abuse), viewed 24 July 2024 (Exhibit ZZ-01.056, DVS.7777.0001.1928).

297 Department of Veterans' Affairs, '3.4.7 Claims related to sexual and physical abuse', webpage,
last updated 18 September 2019, [clik.dva.gov.au/military-compensation-mrca-manuals-](http://clik.dva.gov.au/military-compensation-mrca-manuals-and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-sexual-and-physical-abuse)
[and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-](http://clik.dva.gov.au/military-compensation-mrca-manuals-and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-sexual-and-physical-abuse)
[sexual-and-physical-abuse](http://clik.dva.gov.au/military-compensation-mrca-manuals-and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-sexual-and-physical-abuse), viewed 17 July 2024 (Exhibit ZZ-01.056, DVS.7777.0001.1928).

298 Department of Veterans' Affairs, '3.4.7 Claims related to sexual and physical abuse', webpage,
last updated 18 September 2019, [clik.dva.gov.au/military-compensation-mrca-manuals-](http://clik.dva.gov.au/military-compensation-mrca-manuals-and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-sexual-and-physical-abuse)
[and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-](http://clik.dva.gov.au/military-compensation-mrca-manuals-and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-sexual-and-physical-abuse)
[sexual-and-physical-abuse](http://clik.dva.gov.au/military-compensation-mrca-manuals-and-resources-library/policy-manual/ch-3-liability/34-investigating-claim/347-claims-related-sexual-and-physical-abuse), viewed 24 July 2024 (Exhibit ZZ-01.056, DVS.7777.0001.1928).

299 Transcript, Felix Sedal, Hearing Block 11, 6 September 2023, p 83-8175 [17–23, 37–43].

300 Exhibit VV-01.070, NH-Y, Witness Statement, WIT.0012.0006.0001_R at 0001 [5], 0002 [7],
0023 [132]–[135].

301 Exhibit 90-02.024, Hearing Block 12, Letter to Royal Commission from Department of
Veterans' Affairs, 'Areas of consideration for the Royal Commission into Defence and Veteran
Suicide – December 2023', DVS.3333.0001.0739 at 0763 [7.7].

302 Exhibit 90-02.024, Hearing Block 12, Letter to Royal Commission from Department of
Veterans' Affairs, 'Areas of consideration for the Royal Commission into Defence and Veteran
Suicide – December 2023', DVS.3333.0001.0739 at 0764 [7.8].

303 Exhibit ZZ-01.026, Department of Veterans' Affairs, Transition Medical Assessment Pilot
Project Evaluation Report, Version 6, 14 November 2023, DVA.0062.0001.0005 at 0009.

304 Exhibit 90-02.024, Hearing Block 12, Letter to Royal Commission from Department of
Veterans' Affairs, 'Areas of consideration for the Royal Commission into Defence and Veteran
Suicide – December 2023', DVS.3333.0001.0739 at 0764 [7.9].

305 Exhibit ZZ-01.026, Transition Medical Assessment Pilot Project Evaluation Report, Version 6,
14 November 2023, DVA.0062.0001.0005 at 0009.

306 Exhibit 90-02.024, Hearing Block 12, Letter to Royal Commission from Department of
Veterans' Affairs, 'Areas of consideration for the Royal Commission into Defence and Veteran
Suicide – December 2023', DVS.3333.0001.0739 at 0763 [7.6]; Transcript, Alison Frame,
Hearing Block 12, 15 March 2024, p 93-9387 [43–46]; Transcript, Craig Sedgman, Hearing
Block 12, 15 March 2024, p 93-9315 [33].

307 Exhibit ZZ-01.027, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-190, DVA.9999.0172.0001 at 0001.

308 Exhibit ZZ-01.026, Transition Medical Assessment Pilot Project Evaluation Report, Version 6,
14 November 2023, DVA.0062.0001.0005 at 0009.

309 Exhibit ZZ-01.027, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-190, DVA.9999.0172.0001 at 0002.

310 Exhibit ZZ-01.026, Transition Medical Assessment Pilot Project Evaluation Report, Version 6,
14 November 2023, DVA.0062.0001.0005 at 0010.

311 Exhibit ZZ-01.026, Transition Medical Assessment Pilot Project Evaluation Report, Version 6,
14 November 2023, DVA.0062.0001.0005 at 0010.

312 Exhibit ZZ-01.027, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-190, DVA.9999.0172.0001 at 0003.

313 Exhibit ZZ-01.027, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-190, DVA.9999.0172.0001 at 0003.

314 Exhibit ZZ-01.027, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-190, DVA.9999.0172.0001 at 0004.

315 Exhibit ZZ-01.027, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-190, DVA.9999.0172.0001 at 0004.

316 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 184.

317 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0026.

318 Exhibit 83-01.001, Hearing Block 11, Felix Sedal, Witness Statement, FSA.0000.0001.0001_R
at 0033–0034.

319 Exhibit 83-01.001, Hearing Block 11, Felix Sedal, Witness Statement, FSA.0000.0001.0001_R
at 0007.

320 Exhibit 83-01.001, Hearing Block 11, Felix Sedal, Witness Statement, FSA.0000.0001.0001_R
at 0007-0008.

321 Exhibit 83-01.001, Hearing Block 11, Felix Sedal, Witness Statement, FSA.0000.0001.0001_R
at 0008.

322 Exhibit 83-01.001, Hearing Block 11, Felix Sedal, Witness Statement, FSA.0000.0001.0001_R
at 0009.

323 Exhibit 83-01.001, Hearing Block 11, Felix Sedal, Witness Statement, FSA.0000.0001.0001_R
at 0009-0010, 0030.

324 Exhibit 83-01.001, Hearing Block 11, Felix Sedal, Witness Statement, FSA.0000.0001.0001_R
at 0009-0010.

325 Transcript, Felix Sedal, Hearing Block 11, 6 September 2023, p 83-8146 [20-24], [26-28],
[38-39].

326 Transcript, Felix Sedal, Hearing Block 11, 6 September 2023, p 83-8146 [24-25].

327 Exhibit 75-01.001, Hearing Block 10, Alison Frame, Witness Statement, DVA.9999.0062.0001
at 0016.

328 Department of Veterans' Affairs, *Quarterly Report Recommendation 3 – Improving
the administration of the claims system January-March 2024*, February 2024, p 5
(Exhibit ZZ-01.054, DVS.7777.0001.1937).

329 Department of Veterans' Affairs Consolidated Library of Information and Knowledge,
MRCA Policy Manual – Ch 5 Permanent Impairment: 5.6.3 Age of medical evidence,
(Exhibit ZZ-01.057, DVS.7777.0001.1924).

330 Department of Veterans' Affairs Consolidated Library of Information and Knowledge,
MRCA Policy Manual – Ch 5 Permanent Impairment: 5.6.3 Age of medical evidence,
(Exhibit ZZ-01.057, DVS.7777.0001.1924).

331 Department of Veterans' Affairs Consolidated Library of Information and Knowledge,
MRCA Policy Manual – Ch 5 Permanent Impairment: 5.6.3 Age of medical evidence,
(Exhibit ZZ-01.057, DVS.7777.0001.1924).

332 Department of Veterans' Affairs Consolidated Library of Information and Knowledge,
MRCA Policy Manual – Ch 5 Permanent Impairment: 5.6.3 Age of medical evidence,
(Exhibit ZZ-01.057, DVS.7777.0001.1924).

333 Transcript, Natasha Cole, Hearing Block 12, 6 March 2024, p 88-8741 [8-15].

334 Transcript, Natasha Cole, Hearing Block 12, 6 March 2024, p 88-8741 [23-27].

335 Transcript, Natasha Cole, Hearing Block 12, 6 March 2024, p 88-8741 [1-6].

336 Transcript, Natasha Cole, Hearing Block 12, 6 March 2024, pp 88-8741 [41]-88-8742 [3].

337 *Veterans Entitlements Act 1986* (Cth) s 19(8), 19A; *Safety, Rehabilitation and Compensation
(Defence-related Claims) Act 1988* (Cth) s 57(3)-(4); *Military Rehabilitation and Compensation
Act 2004* (Cth) subs-s 328(3)-(5); Transcript, Natasha Cole, Hearing Block 12, 6 March 2024,
p 88-8705 [12-16].

338 Department of Veterans' Affairs Consolidated Library of Information and Knowledge –
Compensation Claims Procedures – Independent Medical Advisers, (Exhibit ZZ-01.008,
DVA.0052.0001.0001 at 0001; see also Transcript, Natasha Cole, Hearing Block 12,
6 March 2024, pp 88-8705 [12]-88-8706 [27].

339 PFLR-39 (DVA – Claims processing, Commonwealth response), PFL.0020.0002.0093 at 0105.

340 Interim National Commissioner for Defence and Veteran Suicide Prevention,
Preliminary interim report, September 2021, p 135 (Exhibit 01-01.013, Hearing Block 1,
INQ.0000.0001.1584).

341 Exhibit AA-01.010, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-172, Tranche 2, DVA.9999.0153.0001 at 0001 [1.1]-[1.2].

342 Exhibit 083-01.019, Hearing Block 11, Veteran Centric Reform: Operational Performance
Improvement – Medical Evidence, 14 June 2018, DVA.5051.0005.3234 at 3237. (emphasis
in original).

343 Interim National Commissioner for Defence and Veteran Suicide Prevention,
Preliminary interim report, September 2021, p 135 (Exhibit 01-01.013, Hearing Block 1,
INQ.0000.0001.1584).

344 Exhibit 33-02.002, Hearing Block 5, Andrew Gee, Witness Statement, EXP.0005.0018.0113_R
at 0126 [11].

345 Exhibit ZZ-01.029, Department of Veterans' Affairs, Response to Notice, NTG-DVA-172,
Tranche 1, DVA.9999.0143.0020 at 0020.

346 Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report:
A Modern Professional Sustainable Service for Australian Veterans and Their Families*,
December 2018, p 89 [Finding 11.2].

347 Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report:
A Modern Professional Sustainable Service for Australian Veterans and Their Families*,
December 2018, p 90 [Recommendation 7.3].

348 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 214.

349 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 214.

350 Exhibit F-04.004, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-097, Tranche 1, DVA.9999.0080.0001 at 0020.

351 Exhibit F-04.004, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-097, Tranche 1, DVA.9999.0080.0001 at 0020.

352 PFLR 53.2 (DVA Legislation, Commonwealth response), PFL.0021.0002.0037 at 0049.

353 PFLR 53.2 (DVA Legislation, Commonwealth response), PFL.0021.0002.0037 at 0049.

354 Productivity Commission, *A Better Way to Support Veterans*, No 93, June 2019, vol 1, p 374 (Exhibit 01-010, Hearing Block 1, INQ.0000.0001.2299).

355 PFLR 53.2 (DVA Legislation, Commonwealth response), PFL.0021.0002.0037 at 0054.

356 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, pp 215 [20]–216 [21].

357 Department of Veterans' Affairs, *DVA Rehabilitation & Compensation Claim Checklist for the DRCA form: Claim for Liability and Compensation (D2020)*, p 1 (Exhibit C-01.017, STU.0006.0001.5173).

358 I Campbell and others, *Review of Military Compensation Arrangements: Report for the Minister for Veterans' Affairs*, vol 2, February 2011, p 28 [110] (Exhibit C-01.028, STU.0006.0001.5223).

359 I Campbell and others, *Review of Military Compensation Arrangements: Report for the Minister for Veterans' Affairs*, vol 2, February 2011, p 28 [110] (Exhibit C-01.028, STU.0006.0001.5223).

360 Transcript, Rachel Goddard, Hearing Block 4, 11 April 2022, p 28-2627 [23–26].

361 Transcript, Rachel Goddard, Hearing Block 4, 11 April 2022, p 28-2627 [26–27]; I Campbell and others, *Review of Military Compensation Arrangements: Report for the Minister for Veterans' Affairs*, vol 2, February 2011, p 28 [110] (Exhibit C-01.028, STU.0006.0001.5223).

362 Transcript, Steve Martin, Hearing Block 4, 11 April 2022, p 28-2629 [1–4].

363 Transcript, Steve Martin, Hearing Block 4, 11 April 2022, p 28-2629 [5–6].

364 Transcript, Rachel Goddard, Hearing Block 4, 11 April 2022, p 28-2628 [3–7].

365 Department of Veterans' Affairs, 'Government response to review of military compensation arrangements', webpage, last updated 21 January 2020, www.dva.gov.au/about/accessing-information/what-can-i-access/corporate-information-access/reporting/reviews/government-response-review-military-compensation-arrangements, viewed 23 July 2024 (Exhibit ZZ-01.055, DVS.6666.0001.5960).

366 Department of Veterans' Affairs, 'Government response to review of military compensation arrangements', webpage, last updated 21 January 2020, www.dva.gov.au/about/accessing-information/what-can-i-access/corporate-information-access/reporting/reviews/government-response-review-military-compensation-arrangements, viewed 23 July 2024 (Exhibit ZZ-01.055, DVS.6666.0001.5960).

367 I Campbell and others, *Review of Military Compensation Arrangements: Report for the Minister for Veterans' Affairs*, vol 1, February 2011, p 28 [110] (Exhibit C-01.028, STU.0006.0001.5223).

368 I Campbell and others, *Review of Military Compensation Arrangements: Report for the Minister for Veterans' Affairs*, vol 2, February 2011, p 51 [16.2] (Exhibit C-01.028, STU.0006.0001.5223).

369 Department of Veterans' Affairs, 'Government response to review of military compensation arrangements', webpage, last updated 21 January 2020, www.dva.gov.au/about/accessing-information/what-can-i-access/corporate-information-access/reporting/reviews/government-response-review-military-compensation-arrangements, viewed 23 July 2024 (Exhibit ZZ-01.055, DVS.6666.0001.5960).

370 Exhibit 89-02.016, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-163, DEF.9999.0135.0050 at 0236.

371 Transcript, Rachel Goddard, Hearing Block 4, 11 April 2022, p 28-2628 [15-16].

372 Transcript, Steve Martin, Hearing Block 4, 11 April 2022, p 28-2629 [20-22].

373 Transcript, Rachel Goddard, Hearing Block 4, 11 April 2022, p 28-2627 [27].

374 Transcript, Monique Hamilton, Hearing Block 4, 11 April 2022, pp 28-2630 [36]–28-2631 [6].

375 Exhibit F-04.022, Commonwealth Government, Response to Notice to Give, NTG-CTH-002, CTH.9999.0001.0001 at 0011.

376 Transcript, Laura Sham, Hearing Block 10, 25 July 2023, p 74-7171 [19–22].

377 Explanatory Memorandum, Veterans' Entitlements, Treatment and Supports (Simplification and Harmonisation) Bill 2024 (Cth) p 29.

378 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0022.

379 Exhibit Q-01.013, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-142,
DVA.9999.0115.0008 at 0011–0012 [5.5].

380 Exhibit Q-01.013, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-142,
DVA.9999.0115.0008 at 0012 [5.9].

381 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0022.

382 Department of Veterans' Affairs, *Consultation Report: Veterans' Entitlements, Treatment
and Support (Simplification and Harmonisation) Bill 2024 – Exposure Draft*, 2024, p 10
(Exhibit ZZ-01.035, DVS.7777.0001.1134)

383 Department of Veterans' Affairs, *Consultation Report: Veterans' Entitlements, Treatment
and Support (Simplification and Harmonisation) Bill 2024 – Exposure Draft*, 2024, p 10
(Exhibit ZZ-01.035, DVS.7777.0001.1134)

384 Department of Veterans' Affairs, *Consultation Report: Veterans' Entitlements, Treatment
and Support (Simplification and Harmonisation) Bill 2024 – Exposure Draft*, 2024, p 10
(Exhibit ZZ-01.035, DVS.7777.0001.1134)

385 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0023.

386 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012 at 0038.

387 Comcare, 'Amendments to the SRC Act and SRC Regulations', webpage, last updated
15 December 2023, www.comcare.gov.au/scheme-legislation/src-act/amendments, viewed
18 July 2024 (Exhibit ZZ-01.024, DVS.7777.0001.1092).

388 The Senate, Education and Employment References Committee, *The people behind 000:
mental health of our first responders*, February 2019; Comcare, 'Scheme guidance –
Post Traumatic Stress Disorder suffered by certain employees', webpage, last updated
28 March 2024, www.comcare.gov.au/scheme-legislation/src-act/guidance/scheme-guidance-ptsd-certain-employees, viewed 18 July 2024, (Exhibit ZZ-01.032, DVS.7777.0001.1108)

389 Comcare, 'Scheme guidance – Post Traumatic Stress Disorder suffered by certain employees',
webpage, last updated 28 March 2024, www.comcare.gov.au/scheme-legislation/src-act/guidance/scheme-guidance-ptsd-certain-employees, viewed 18 July 2024, (Exhibit ZZ-01.032,
DVS.7777.0001.1108).

390 Comcare, 'Scheme guidance – Post Traumatic Stress Disorder suffered by certain employees',
webpage, last updated 28 March 2024, www.comcare.gov.au/scheme-legislation/src-act/guidance/scheme-guidance-ptsd-certain-employees, viewed 18 July 2024, (Exhibit ZZ-01.032,
DVS.7777.0001.1108).

391 Department of Veterans' Affairs, Annual Report 2022-23, Appendix A, Table A8 and A10
(Exhibit 93-02.018, DVS.0011.0001.0950).

392 Exhibit Q-01.013, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-142,
DVA.9999.0115.0008 at 0008 [1.1].

393 Exhibit Q-01.013, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-142,
DVA.9999.0115.0008 at 0008 [1.1].

394 Exhibit 75-01.003, Hearing Block 10, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-072, DVA.9999.0070.0032 at 0047 [2.17].

395 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012
at 0027 [3.3].

396 Exhibit 74-02.002, Hearing Block 10, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-084, DVA.9999.0070.0001 at 0026 [15.7].

397 Exhibit 93-02.009, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-121 – Attachment A, DVA.9999.0119.0001 at 0002.

398 Exhibit 93-02.009, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to
Give, NTG-DVA-121 – Attachment A, DVA.9999.0119.0001 at 0001.

399 Department of Veterans' Affairs, 'Veteran Payment', webpage, last updated 14 December
2023, www.dva.gov.au/get-support/financial-support/income-support/support-when-you-cannot-work/veteran-payment, viewed April 2024 (Exhibit F-04.120, DVS.1111.0001.4685).

400 Department of Veterans' Affairs, 'Veteran Payment', webpage, last updated 14 December
2023, [www.dva.gov.au/get-support/financial-support/income-support/support-when-you-](http://www.dva.gov.au/get-support/financial-support/income-support/support-when-you-cannot-work/veteran-payment)
cannot-work/veteran-payment, viewed April 2024 (Exhibit F-04.120, DVS.1111.0001.4685).

401 Exhibit 23-04.001, Hearing Block 3, Geoffrey Evans, Witness Statement, GEV.0000.0001.0074
at 0079.

402 A Collie, *The Mental Health Impacts of Compensation Claim Assessment Processes*, Monash
University, 5 March 2019, p 17 (Exhibit 11-01.0 01, Hearing Block 3, STU.0002.0001.0001).

403 *Veterans' Entitlements Act 1986* (Cth) s 120A(2), 120B(2); *Military Rehabilitation*
Compensation Act 2004 (Cth) s 338(2), 339(2).

404 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 2,
pp 377–378 (Exhibit 001-01.011, Hearing Block 1, INQ.0000.0001.2780); PFLR-53.2 (DVA
legislation, Commonwealth response), PFL.0021.0002.0037 at 0043.

405 Transcript, Andrew Gee, Hearing Block 5, 21 June 2022, p 31-3112 [14–18].

406 Transcript, Richard Marles, Hearing Block 12, 7 March 2024, p 89-8939 [29–32].

407 Transcript, Richard Marles, Hearing Block 12, 7 March 2024, p 89-8892 [39].

408 Transcript, Richard Marles, Hearing Block 12, 7 March 2024, p 89-8940 [14].

409 Transcript, Nick Kaldas, Hearing 10, 26 July 2023, p 75-7287 [45–47].

410 Transcript, Peggy Brown, Hearing Block 10, 26 July 2023, p 75-7278 [7–9].

411 Transcript, Alison Frame, Hearing Block 10, 26 July 2023, p 75-7278 [13–19].

412 Exhibit ZZ-01.005, Department of Veterans' Affairs, Voluntary Submission to the Royal
Commission into Defence and Veteran Suicide – June 2024, DVS.7777.0001.0012
at 0019 [1.13].

413 Transcript, Hearing Block 12, Alexander Caroly, 6 March 2024, p 88-8716 [2–9].

414 Transcript, Hearing Block 12, Alexander Caroly, 6 March 2024, p 88-8716 [16–22].

415 Exhibit AA-01.007, Department of Veterans' Affairs, Response to Notice to Give,
NTG-DVA-141, DVA.9999.0114.0008 at 0015 [6.1].

416 *Military Rehabilitation and Compensation Act 2004* (Cth) s 21.

417 *Military Rehabilitation and Compensation Act 2004* (Cth) s 325(1).

418 *Military Rehabilitation and Compensation Act 2004* (Cth) Ch 3 Pt 2.

419 *Military Rehabilitation and Compensation Act 2004* (Cth) Ch 3; see summary at s 37.

420 *Military Rehabilitation and Compensation Act 2004* (Cth) Ch 3 Pt 3; see summary at s 54.

421 *Military Rehabilitation and Compensation Act 2004* (Cth) Ch 5; see summary at s 231.

422 Transcript, Natasha Cole, Hearing Block 12, 6 March 2024, p 88-8703 [1–17].

423 Exhibit 33-01.008, Hearing Block 5, Response to Notice to Give, NTG-DVA-026, Schedule 2,
DVA.9999.0013.0001 at 0001.

424 *Veterans' Entitlements Act 1986* (Cth) s 13(1)(b); *Safety, Rehabilitation and Compensation*
(Defence-related Claims) Act 1988 (Cth) s 14 (see also definition of 'injury' in s 5A and
definition of 'defence-related claim' in s 141); *Military Rehabilitation and Compensation Act*
2004 (Cth) ss 23, 24.

425 *Military Rehabilitation and Compensation Act 2004* (Cth) s 325(1).

426 *Military Rehabilitation and Compensation Act 2004* (Cth) s 326.

427 *Military Rehabilitation and Compensation Act 2004* (Cth) s 325(2).

428 *Military Rehabilitation and Compensation Act 2004* (Cth) s 325(1).

429 Exhibit 14-04.016, Hearing Block 2, DVA's claims process diagnostic, 14 December 2021,
DVA.0006.0001.0022 at 0116.

430 *Military Rehabilitation and Compensation Act 2004* (Cth) s 319(2A)(b).

431 *Military Rehabilitation and Compensation Act 2004* (Cth) s 319(2)(a).

432 Transcript, Natasha Cole, Hearing Block 12, 6 March 2024, p 88-8725 [25–31].

433 See eg, *Military Rehabilitation and Compensation Act 2004* (Cth) ss 68(1)(d), 71(1)(c),
85(1)(d), 86(1)(e).

434 *Military Rehabilitation and Compensation Act 2004* Ch 4; see summary at s 65.

435 See *Military Rehabilitation and Compensation Act 2004* ss 5 (1), 94, 103, 107, 152, 160,
163, 166.

436 *Military Rehabilitation and Compensation Act 2004* Ch 4 Pt 3; see summary at s 84.

437 See *Military Rehabilitation and Compensation Act 2004* s 5(1).

438 *Military Rehabilitation and Compensation Act 2004* Ch 4 Pt 2; see summary at s 66.

439 *Military Rehabilitation and Compensation Act 2004* Ch 4 Pt 6; see summary at s 197.

440 Flinders University, *A Cycle of Impacts: Department of Veterans' Affairs Culture of Claims*
Services to Veterans Survey Development and Results Analysis, 6 March 2024, pp 9–11
(Exhibit 93-02.023, Hearing Block 12, DVA.0057.0001.0001).

26 Supporting DVA claimants and clients

Summary

In this chapter we examine the support available for veterans wanting to lodge a liability or compensation claim for a service-related condition with the Department of Veterans' Affairs (DVA).

Veterans and others have described the claims system as 'complex and slow', 'impossible to navigate' and 'overwhelming'. Veterans require support when making claims, which is usually provided by advocates in ex-service organisations, many of whom are volunteers. The sustainability of this system is in doubt, and funding has not substantially increased over the past 10 years to keep pace with additional demand. We recommend the current grant-based funding model be replaced with a model that ensures veterans can access advocates when they need to, with equitable service coverage across Australia.

We also examine DVA's rehabilitation program, and how DVA has failed to measure the outcomes of rehabilitation services, meaning it cannot accurately measure the program's effectiveness. We recommend that DVA reinstate a previous outcome-based performance indicator measuring client achievement of rehabilitation goals at the program level, and expand KPIs for rehabilitation providers to measure the percentage of clients who meet or exceed their rehabilitation goals at the provider level.

Further, we examine the level of choice and autonomy that veterans supported by DVA have compared to National Disability Insurance Scheme participants. We recommend enabling veterans to choose their rehabilitation provider, providing them with more autonomy in managing household assistance and reimbursing their travel costs so they can see their preferred healthcare provider.

A note on terminology: As we discuss in Volume 1, in this report we prefer the term 'ex-serving member' to 'veteran' as this aligns with our Letters Patent and is often clearer. In this chapter, however, we often use the term 'veteran' in line with the sources we quote.

26.1 Claims advocacy

1. As we discussed in Chapter 25, Entitlements and claims processing, the number of claims lodged with the Department of Veterans' Affairs (DVA) has increased significantly since 2017–18, and entitlements legislation is complex. The complexity of the system often means veterans need assistance lodging a claim, which is provided by advocates in ex-service organisations (ESOs).
2. Some ESOs offer free advocacy services to veterans and their families. Nominally, there are two types of advocates:
 - *Compensation advocates* help veterans prepare and lodge DVA claims and requests for review, and represent them during review and appeal processes.
 - *Wellbeing advocates* provide information and advice on health, housing and other community services and benefits.
3. In practice, this is not a strict dichotomy, as compensation advocates often also provide wellbeing support. Veterans may also advocate for themselves, have family members advocate for them, or engage paid legal representatives to act for them.¹ Many advocates are veterans themselves or part of the broader veteran community.² This gives them an understanding of Australian Defence Force (ADF) life, both in and after service, and this can help build trust with those they support.
4. ESOs differ in resourcing and capacity to provide advocacy services. A 2018 study commissioned by the Australian Government found almost 86% of advocates worked for four main ESOs – the Returned & Services League, Legacy, Veterans Centre (Victorian Regional Veteran Centre Project) and the Vietnam Veterans Federation.³
5. To be eligible for government funding, advocates must have completed the DVA-funded Advocacy Training and Development Program (the ATDP). It has four qualification levels for wellbeing and compensation advocates that align with different levels of client need:⁴
 - Compensation Level 1 – provide military rehabilitation and compensation advocacy services under supervision
 - Compensation Level 2 – provide military rehabilitation and compensation advocacy services
 - Compensation Level 3 – advocate on behalf of veterans for a DVA review of a decision or review of a primary decision by the Veterans' Review Board
 - Compensation Level 4 – advocate on behalf of veterans before the Administrative Appeals Tribunal.⁵
6. The ATDP maintains an online Advocacy Register.⁶ As at June 2024, it listed 665 advocates: 331 of these were compensation-only advocates, 212 were wellbeing-only advocates, and 122 were accredited as both wellbeing and compensation advocates.⁷

7. In 2020–21, 44% of initial liability claims lodged with DVA were submitted with help from an advocate, family member or legal representative.⁸
8. Veterans may need assistance because of a claim's complexity, such as with claims that fall under more than one Act or relate to multiple conditions, or because they have greater support needs. For example, the Victorian Coroner found that veteran Mr Jesse Bird, who died by suicide on 27 June 2017, had negative experiences of DVA that were compounded by his post-traumatic stress disorder. His psychiatrist explained that navigating DVA processes can be extremely overwhelming for those experiencing post-traumatic stress disorder, due to associated neurocognitive issues, including anxiety.⁹ A study by Phoenix Australia, the national centre for post-traumatic mental health, on the mental health impacts of claims processes also noted that people with existing mental health vulnerabilities and those with complex claims would benefit from receiving enhanced support from the outset of their claims.¹⁰
9. Veterans also use advocates when seeking a review of, or lodging an appeal against, a DVA claims decision, which entails additional stress and complexity.
10. The Australian Government partially funds compensation and wellbeing advocacy services through the Building Excellence in Support and Training (BEST) grant program. The BEST grant is a contribution towards the ESO's costs, including:
 - salary costs of compensation advocates only – that is, not those of wellbeing advocates
 - administrative and equipment expenses associated with compensation and/or wellbeing advocacy.¹¹
11. The BEST grant does not cover all costs associated with employing advocates, as ESOs are 'expected to provide in kind or other support'.¹² In the 2024–25 round of BEST funding, \$4.731 million is available for successful applicants.¹³
12. As well as ATDP training and accreditation requirements, from 2021–22 all BEST grant recipients must meet claims advocacy service standards relating to responsiveness, reliability and accuracy, ease and safety of access, and effective and efficient management.¹⁴

26.1.1 Issues with the advocacy system

13. Previous inquiries and reviews have examined the claims advocacy system and identified issues that are consistent with evidence the Royal Commission heard. Essentially, the system is so complex that many veterans need the support of advocates when making claims. However, the advocacy system has inherent weaknesses and is already under pressure. If the system is to be sustainable, the Australian Government needs to make changes to it.

Veterans need advocates to help navigate a complex system

14. In 2017, a survey of ex-serving members of Special Operations Command found that 100% of surveyed members considered complex and slow claims processing to be the ‘most severe’ of the irritants they faced in dealing with DVA.¹⁵ The 2019 Productivity Commission report *A Better Way to Support Veterans* found DVA’s claims processes were inefficient, unnecessarily complicated, and stressful for claimants and assessors.¹⁶
15. The *Preliminary Interim Report* of the Interim National Commissioner for Defence and Veteran Suicide Prevention noted that many veterans felt the system was ‘impossible to navigate without ... an advocate’. It stated that ‘any system that relies on advocates in order to navigate it is too complex and must be reformed’.¹⁷ We agree.
16. The Hon Darren Chester MP was Minister for Veterans’ Affairs and Minister for Defence Personnel from March 2018 to July 2021. He told us:

The fact that we needed a system of advocates to help a veteran make a legitimate claim was something that always concerned me as a minister. I’m sure you are aware that there are advocates who are out there around Australia doing an amazing amount of work processing veterans’ claims and helping them to navigate a system which I think there is general agreement is too complex.¹⁸
17. A panel of veterans’ advocates and those who worked closely with them gave evidence to the Royal Commission. One, Mr Ian Lindgren, told us: ‘When I look at the system, I see that it is overly complex ... in terms of it is a system of systems’.¹⁹
18. A second, Ms Nikki Noakes, talked about the complexity caused by claims being covered by different legislation:

one individual can have a condition that is covered under the three different Acts. So for some veterans, they may receive a decision for the same condition up to three times. That means three sets of documents, three different outcomes, three different forms back and forth between the GPs or the specialists, and that in itself becomes confusing. So from the veteran’s perspective and as a user – I have been a client of DVA myself – that’s the complexity right there.²⁰
19. We recommended ways to reduce the legislative complexity in our interim report. We discuss progress on these reforms and make further recommendations to improve the claims process, in Chapter 25, Entitlements and claims processing.
20. Aside from legislative complexity, DVA has acknowledged it is aware of the challenges veterans face in dealing with multiple delegates or staff members in the claims process.²¹

New DVA program may reduce need for advocates, but it is too early to tell

21. Positively, during the course of our inquiry DVA launched its Claims Lodgement Assistance Program, with the aim of using ‘experienced DVA compensation staff’ to:

- assist veterans with the lodgement of their compensation claims, and
- facilitate referral through DVA, as required, to other services and supports (including rehabilitation, the Client Support Program and Open Arms).²²

22. DVA calls these experienced staff members Claims Lodgement Assistants (CLAs) and explains their role as follows:

[CLAs] spend one day per week at the ESO location. They meet with veterans and family members at an early point, before claims are lodged. They provide advice about the types of entitlements and supports that the veteran or eligible family members may be able to access, the information required to support claim lodgement, and what to expect during the claim process. The CLA also works with the client (and their ESO advocate, if the client has appointed one) to assist in the preparation of the claim, and its subsequent lodgement by the claimant. This can include guiding the client through lodgement on MyService.²³

23. DVA reasons that engaging directly with veterans and their family members early in the claims process benefits CLAs, because:

Hearing and learning of [DVA clients’] experiences supports greater understanding and awareness of the unique nature of military service and its impact on DVA clients. It also provides direct insight into veteran and families’ experiences with the claims process.²⁴

24. Identifying at-risk veterans and referring them to services and supports is another part of the CLA’s intended role, noting it is too early to tell how often this is occurring or the extent to which referrals are resulting in improved outcomes:

CLAs play a role in identifying veterans who may be at risk and require wellbeing and suicide prevention support based on the information they provide to support a claim and their observations of the veteran. In these circumstances the CLA will refer the veteran to appropriate DVA services and supports.²⁵

25. Once a claim is lodged, the CLA:

completes a ‘warm handover’ to the claimant’s advocate or nominated representative, if the claimant has appointed one. The CLA has no further contact with the veteran once the claim is lodged. The DVA delegate who is responsible for investigating and determining the claim (or members of the claims support team) will then engage directly with the claimant or their nominated representative during this process, as necessary.²⁶

26. DVA told us that concluding the CLA's contact with claimants after lodgement 'ensures the integrity of the investigation and determination of the claim' and avoids potential conflicts of interest, whether actual or perceived.²⁷
27. Overall, DVA anticipates the Claims Lodgement Assistance Program, with CLAs 'guiding' claim submission, will make claim processing more efficient – including by reducing the need for Claims Support Officers (CSOs) to intervene with claims.²⁸ DVA has recently introduced the role of CSOs to ensure claims are ready for investigation by delegates (discussed further in Chapter 25).
28. At the time of writing, this program was in the early stages of implementation and initial feedback was positive. It had been introduced in two ESOs in Western Australia, with three more locations planned by July 2024. DVA told us the Claims Lodgement Assistance Program would be expanded to all states and territories between 2024 and 2025, starting with Tasmania and Queensland. As at May 2024, the program had assisted 55 veterans in lodging claims for 236 conditions.²⁹
29. DVA is looking at gathering feedback about the program through a digital survey and plans to continue evaluating it, including with respect to 'the timeliness and quality of claims lodged and subsequent decision making processes'.³⁰ It also plans to evaluate whether there is any connection between the program and total claim processing time by looking into how claims progress through the program, and to 'document challenges and areas for improvement in the operation and administration of the program'.³¹
30. Further, DVA is planning to expand and refine the program, including considering whether CSOs need to consider claims lodged through the program:

DVA will continue to refine the CLA Program procedures with a view to simplifying and expediting claims lodgement and processing. In the future this process could, for example, permit claims lodged through the CLA Program to bypass further CSO consideration. In this context, consideration is being given to processes that would allow CLA staff to conduct the full range of functions undertaken by CSO at the CLA Program stage (e.g., ordering of medical reports if necessary) including consideration of any necessary legislative amendments.³²

31. In addition to the Claims Lodgement Assistance Program, DVA told us it expects:

current reform work to simplify legislation and improve digital channels will make it easier for veterans to submit claims on their own. It is possible that over time veterans will have less need to engage with advocates when lodging claims, or require a different model (consistent with the changing profile of veterans and a world that is more digitally based).

... this may result in a shift of focus towards training or up-skilling advocates to specialise in assisting veterans in merits review processes, as distinct from providing assistance in the initial preparation of claim forms and associated supporting material.³³

32. We commend DVA on introducing the Claims Lodgement Assistance Program. It appears the program could reduce reliance on advocates to navigate the claims process, but it is too early in the implementation phase to tell how successful this will be. Similarly, improved digital channels may reduce the need for veterans to use advocates during the initial lodgement phase, but again it is too early to conclude this with certainty.

Demand for compensation advocacy will continue

33. Given the physical and mental health challenges many veterans who lodge a claim are facing, it is likely there will continue to be substantial demand for advocates. This was reflected in a range of submissions we received from veterans, advocates and ESOs. One veteran told us:

[Redacted] fought DVA tirelessly for my entitlements over a number of years. He believed in me and was my rock when I was desperate for help and at my lowest point. [He] took the time to explain the complexity of my case and what I needed to do and always included my husband as I was having trouble absorbing information at that time.³⁴

34. An advocate spoke about the frustration that dealing with DVA directly caused for veterans with complex health issues:

In most cases the veterans which we meet are accommodating and cordial, but many are genuinely frustrated and angry. Those cases require patience to let a veteran, their partner, or both, get what they have to say off their chest so to speak.

... On some occasions veterans will contact DVA directly without having the knowledge or understanding of what they are doing and/or taking on. When speaking with DVA and voicing their thoughts, they become frustrated with the process, the different Acts and regulations. They get out of their depth because a majority of them suffer from serious health issues and have no understanding of what they are doing, [they] grumble, throw their hands in the air and walk it off.³⁵

35. The Air Force Association also emphasised the ongoing need for advocates:

Compensation advocates, trained under the Advocates Training and Development Program (ADTP) will likely always be required to assist veterans who are unable to navigate the system. Management of the veterans' advocacy system has been argued between the ex-service community and DVA over the last decade with no clear way ahead. Given the importance of veterans advocacy, especially for mentally and physically fragile veterans, the Government should show leadership in firmly establishing and funding a workable veterans' advocacy system.³⁶

The advocacy system is unsustainable and failing to meet veterans' needs

36. A number of reviews and inquiries have noted issues with the current way the veterans' advocacy system is structured and funded. The 2018 *Veterans' Advocacy and Support Services Scoping Study Report* by Robert Cornall AO (the Cornall Report) concluded: 'The veterans' advocacy system as presently structured will not provide veterans and their families with a modern professional sustainable advocacy service into the future.'³⁷
37. In 2019, the Productivity Commission highlighted the problems associated with the current funding model for claims advocacy, recommending that DVA:
- should fund professional claims advocacy services in areas where it identifies unmet need. Services should be delivered through ex-service and other organisations in a contestable manner similar to the National Disability Insurance Scheme Appeals Program and the National Disability Advocacy Program. DVA should also take a more active role in the stewardship of these services.³⁸
38. In response, the Australian Government stated this recommendation was 'progressing', via an 'announced measure (in part) in Budget 2021–22'.³⁹ However, this measure consisted of the continuation of BEST grants and the introduction of service standards, rather than significant change.
39. In 2021, the University of New South Wales (UNSW) Social Policy Research Centre prepared a report for DVA, *Baseline Study of Current and Future Availability of Ex-service Organisation Advocacy Services*, that examined the sustainability of ESO advocacy services. Its findings include the following:
- Of the surveyed ESOs, 27.8% reported that veterans and their families usually needed immediate support that their organisation was not able to provide.
 - ESOs reported that 35% of veterans and their families had to wait more than a month to receive advocacy support, and nearly 10% had to wait longer than 3 months.
 - The need for advocacy services has the potential to be greater than the number of veterans recorded as supported 'as most ESOs [do] not advertise their advocacy services'.⁴⁰
40. The report concluded that the existing advocacy workforce was meeting demand, but 'only just, and it needs to change to remain sustainable'. It noted some ESOs had 'a horrific backlog' that meant some veterans 'unfortunately just have to wait their turn'.⁴¹
41. It further noted that 'paid advocates assist around three times as many veterans or family members each than volunteer advocates', likely due in part to the higher number of hours worked by paid advocates compared to volunteers. Additionally, it suggested that having paid advocacy positions would better attract and retain younger veterans.⁴² DVA did not formally respond to the report.

Insufficient funding and over-reliance on volunteers

42. The main drivers of unsustainability are the related issues of a lack of funding to meet demand, and over-reliance on a volunteer workforce.
43. In 2018, the Cornall Report noted the ‘great majority’ of veteran advocates are volunteers. It contrasted this with the disability and aged care sectors, where the government funds paid employees to provide advocacy services.⁴³
44. This has not changed. In the 2022–23 financial year, the total amount of funding for the National Disability Advocacy Program and the National Disability Insurance Scheme (NDIS) Appeals Program was \$35.5 million.⁴⁴ While there are roughly three times as many NDIS participants as DVA clients – as at March 2024, there were 649,623 participating in the NDIS – this is almost eight times the \$4.45 million funding allocated to veteran advocacy in the same period.⁴⁵
45. Some advocates are in paid positions, but this is largely through the self-funding of ESOs. As noted, BEST grants from the Australian Government are only intended to be a ‘contribution’ towards the overall cost of advocates. DVA told us it:

does not hold specific data on advocates who are engaged on a voluntary or paid basis. However, as a general observation, DVA is aware that more paid advocacy positions are emerging within ESOs registered with DVA, which may lead to a change in the advocate profile over time.⁴⁶

46. It is unclear why more paid advocacy positions are ‘emerging’, and the extent to which this is actually the case. However, we note that any rise in numbers is not due to an increase in government funding, as the overall funding allocation for BEST grants has not increased significantly in the past decade. In 2023–24, BEST grants provided total funding of \$4.731 million, compared to \$4.05 million in 2014–15.⁴⁷
47. Not only does the current workforce consist largely of volunteers, it is also ageing. The 2021 UNSW study found that:
- 43% of compensation advocates were aged 70 or older
 - 27% of compensation advocates were 61 to 70 years old
 - nearly one-third of compensation advocates were likely to retire by 2025.⁴⁸
48. As a result, there is likely to be a loss of skills unless trained advocates are replaced. Overall, the UNSW study found that with expected declines in the existing advocacy workforce, there is a risk of it becoming unsustainable:

In considering the overall data available, and the anticipated loss to the workforce over the next 5 years, attention must be given to the recruitment, training and mentoring of new advocates to ensure the sustainability of the workforce; further, the competency of advocates needs to increase to compensate for the likely decline in overall skills lost by leaving.⁴⁹

49. DVA confirmed that as at May 2024, 44% of Advocacy Training and Development Program (ATDP) compensation and wellbeing advocates were aged 70 or older, consistent with the 2021 figures. While the skill-level composition in 2024 has changed slightly from that in 2021, the overall trend is the same – most advocates are accredited at Level 1 or Level 2, with fewer accredited at Level 3 and Level 4.⁵⁰ See Table 26.1 for further detail.
50. From 2021 until May 2024:
- 1,211 individuals had enrolled in an ATDP training pathway.
 - 451 Statements of Attainment were issued for completion of a Unit of Competency, including to existing advocates attaining new levels of competency and new advocates.
 - DVA has been made aware of 904 advocates retiring, resigning or withdrawing from an ATDP course.⁵¹
51. Overall, the number of compensation advocates remained stable, from 448 in 2021 to 453 in 2024.⁵² Given the significant increase in the number of claims lodged with DVA over this period, and the projected increase in DVA clients over the next decade, the observations of the 2021 UNSW study and the reviews and inquiries that preceded it are just as valid today as when they were made.
52. We do not believe the current annual grants-based funding model provides sufficient incentive to sustain a highly skilled workforce, let alone grow it, which is essential given the increased numbers of claims and an increase in their complexity. BEST grants are application-based, which does not guarantee equitable service coverage or ensure funding is allocated based on need. They are delivered annually with the requirement to spend all funds within the corresponding financial year. There is no demand projection model that underpins funding calculations, or demographic analysis to ensure veterans' needs are met, such as there being a sufficient number of female advocates to work with female veterans.
53. The 2018 Cornall Report observed that while most female veterans expressed a preference for a female advocate, most advocates are men, posing 'a significant barrier to them accessing their entitlements'.⁵³ We do not have data for the number of LGBTIQ+ advocates, but note it is equally important there are advocacy services that provide culturally safe services for LGBTIQ+ veterans.
54. We heard about the importance of veterans being able to access advocates they felt comfortable with, particularly for veterans lodging claims related to sexual assault they experienced during service. CB1, who served with the Navy, told us about applying for an advocate to help lodge their liability claim:

It was really difficult because he was a man ... quite an older man and having to talk to someone about, you know, a sexual assault and trauma, it was really hard. And he was not that great either and the process was quite difficult to understand ... even with an advocate ... and then the initial claim was botched from the very beginning with DVA.⁵⁴

55. We note that according to the 2021 Census, women make up approximately 13.4% of Australia's ex-serving population, and 20.6% of current serving ADF members.⁵⁵ Overall, women comprise 25% of the current compensation advocacy workforce. However, the proportion of female advocates is not consistent across all levels of accreditation. Only two out of the 11 Level 4 advocates and 19% of Level 3 advocates are women.⁵⁶
56. There are similar issues with where advocates are located. Table 26.1 shows the number of accredited compensation advocates in each state and territory. There are no advocates accredited at Level 4 in South Australia, Tasmania, the Northern Territory or Western Australia.

Table 26.1 Location of compensation advocates in June 2024

State/territory	Level 1	Level 2	Level 3	Level 4	Total (%)
Australian Capital Territory	2	10	2	1	15 (3%)
New South Wales	34	59	14	2	109 (24%)
Victoria	29	42	9	5	85 (19%)
Queensland	56	85	33	3	177 (39%)
South Australia	3	12	6	0	21 (5%)
Tasmania	1	7	3	0	11 (2%)
Northern Territory	1	2	0	0	3 (< 1%)
Western Australia	16	8	8	0	32 (7%)
Total	142	225	75	11	453

Source: Advocacy Training and Development Program, 'Welcome to ATDP Statistics' [ATDP Statistics – June 2024], webpage, last updated 27 June 2024, www.web.atdp.org.au/stats, viewed 27 June 2024 (Exhibit ZZ-01.040, DVS.7777.0001.1152).

57. The demographics and location of the advocacy workforce should reflect the veteran population they serve. At this stage, it is unclear whether improved funding will attract more women or people living in currently under-served locations to become paid advocates or become accredited at higher levels. DVA should monitor this and consider options if the demographics and location of advocates do not shift to more accurately reflect the veteran population. One option would be to extend funding to non-government organisations that are not ESOs.
58. We also note that the ATDP can only be accessed by advocates working within ESOs. This may need to be reviewed subject to the outcomes of future funding rounds.

59. Overall, it is unacceptable that veterans must rely on a largely volunteer workforce for compensation advocacy services given the lifetime consequences of claims decisions. The Australian Government must close the gap between the level of government funding and the cost of providing compensation advocacy services.
60. The funding model should be similar to that supporting disability advocacy. Funding allocations should be for a minimum of 3 years to provide employment stability, and sufficiently targeted to ensure equitable geographic coverage and provider diversity. In the absence of any robust demand–supply data, funding should be informed by demand–supply gap analyses and other sources including claims processing and Census data. Funding should be demand-driven to ensure advocacy services keep up with growth in the number and complexity of claims.

Recommendation 99: Improve compensation advocacy by funding professional, paid advocates

The Australian Government should replace the Building Excellence in Support and Training (BEST) grant program with an ongoing, demand-driven funding program for professional, paid veteran compensation advocates. At a minimum, the amount of funding should be increased to provide compensation advocacy for:

- (a) all veterans who need support to submit a liability and/or compensation claim with the Department of Veterans' Affairs
- (b) all veterans seeking an internal or external review of a claims decision.

Funding allocations should be for a minimum of three years to provide employment stability. They should be designed to ensure equitable geographic service coverage and meet the diverse demographic needs of the veteran population, including female veterans and LGBTIQ+ veterans.

Dedicated funding for veterans' legal assistance should continue

61. The Defence and Veterans' Legal Service (DAVLS) was established in November 2021 to ensure serving and ex-serving ADF members could safely share their experiences with this Royal Commission. DAVLS has also provided clients with advice on other legal issues, the most common being veterans' entitlements and compensation.⁵⁷
62. As well as recommending expanded funding for compensation advocacy, we note there is likely to be ongoing demand for legal representation. This is particularly because there are only 11 advocates accredited at Level 4, which is required to represent veterans appealing DVA decisions at the Administrative Appeals Tribunal. The UNSW study noted that nine of them were aged over 70 in 2021, highlighting even further pressure on an already stretched workforce.⁵⁸ Level 4 advocacy is the level that would also benefit, for example, from the skills and experience of the lawyers engaged through the NSW Veterans' Advocacy Service provided by Legal Aid in that state.

63. We note the number of matters taken to the Administrative Appeals Tribunal may reduce under proposed legislative reforms which, as discussed in Chapter 25, Entitlements and claims processing, would provide a single review pathway to the Veterans Review Board. However, veterans also require legal assistance for other matters. Other matters DAVLS deals with are most commonly related to family breakdown, family violence, redress for abuse experienced in the ADF, loss of housing, criminal law matters (including traffic and drug offences) and consumer matters. Demand for its services has increased since 2021.⁵⁹
64. DAVLS is funded under the National Legal Assistance Partnership. The Australian Government informed us the Attorney-General's Department is working to extend funding arrangements for DAVLS to align with the extension of the Royal Commission's reporting date to 9 September 2024.⁶⁰ However, funding beyond this date is uncertain.
65. During our inquiry, the National Legal Assistance Partnership was reviewed. DVA's submission to the review expressed support for the national expansion of the NSW model, the Veterans' Advocacy Service, provided by Legal Aid.⁶¹
66. DAVLS also made a submission to the review, which said:

It has been known for some time that there is a market failure of legal services for veterans across the country, particularly in regional areas.

Our clients' experiences highlight the difficulties many veterans have in navigating the entitlements regime, Department of Veterans' Affairs (DVA), the community-based advocacy and support services, other areas of the law and civilian agencies generally. We believe robust, independent, and effective advocacy services are necessary to assist military veterans and their families succeed in their transition after service.⁶²
67. The *Independent Review of the National Legal Assistance Partnership* report was released in May 2024. The report noted 'there is strong, qualitative evidence to indicate [there is] unmet legal need in different areas of law and across society'. The review recommended priority client groups be expanded to include veterans and 'serving personnel experiencing bullying and harassment'.⁶³
68. We strongly endorse this recommendation, and commend DAVLS for its services to veterans during this Royal Commission. Its approach has emphasised the need for trauma-informed services, with strong relationships and referral pathways with ESOs.

DVA should continue to improve the quality and consistency of advocacy services

69. Previous reviews of veteran advocacy identified issues with advocacy training and certification requirements. The Cornall Report observed that advocate training, experience and expertise was varied and inconsistent across the sector due to the ATDP course structure, duration and mentoring requirements, which can be onerous and time-consuming. Further, mentors can be difficult to find.⁶⁴

70. The 2021 Australian Veteran Services Mapping Project that we commissioned detailed similar stakeholder concerns. These included that the current training is overly complex and time-consuming, presenting barriers for potential new advocates.⁶⁵
71. The Veterans Centre Australia, an advocacy service provider, also raised a number of issues with the current training program with us, including:
- The ATDP is led by volunteers for volunteers, and its continuous professional development plans have failed to keep up with a growing demand for professional paid advocates with a full-time workload.
 - While the role of the mentor is important, it is not sustainable as there are not enough of them to support the system.⁶⁶
72. The Veterans Centre Australia said its advocates unanimously support a proposal to establish an independent professional Australian Veteran Services Association (or equivalent) to promote and maintain standards of professional training and practice. It would expect the association to lead and coordinate activities and facilitate the exchange of information and ideas between advocates.⁶⁷
73. DVA has told us it has already made changes to the ATDP in response to concerns.
- In July 2021, it moved the ATDP administration from a volunteer-based management structure to a DVA program. This ‘created a nationally consistent, scalable and quality driven program, which is better aligned with the current needs of the advocacy and veteran community’.
 - In 2023, it introduced the Combined Compensation and Wellbeing Level 1 course (C1W1). This ‘reduced the time taken to complete training, with trainees able to complete two units of competency within six months, and removed the need for mentor support at the entry point’. The course pilot program is in its final stages and trainee feedback indicates it is the preferred method of entry into advocacy. The course was to be submitted for accreditation, with the first enrolments due in July 2024.
 - Also in 2023, it commenced a trial of compensation for Level 4 training. This is a high-level course that enables advocates to represent clients in court. DVA recommenced this training because the current cohort of advocates at this level is small and ageing.⁶⁸
74. DVA told us it is ‘aware of concerns raised about services provided by individual advocates, specifically the quality, consistency and availability of services’.⁶⁹ In response, it has established a working group with representatives from the ESO and veteran community ‘to develop an independent veterans’ advocacy professional association’. This is intended to ‘further develop and promote a professional network of qualified, credible and reliable’ advocates, including compensation and wellbeing advocates.⁷⁰ The professional body will be independent of DVA and responsible for the following matters:

- Setting and overseeing ethical and service delivery standards for veterans' advocacy services.
- Promoting the professional interests and development of its members by encouraging, supporting and facilitating the provision of high quality advocacy services to veterans and their families.
- Setting, upholding and advancing the standards of professional practice in veteran advocacy to ensure veterans and families receive the support they need and are confident with the level of service from members.
- Providing accreditation for the providers of veteran advocacy services.
- Promoting the profession of veteran advocacy and services of its members, including ensuring veterans and their families were informed regarding the advocacy services available to them.
- Contributing to the design and outcomes of the ATDP (namely, supporting the development of the training syllabus, in line with the needs of its members). This is expected to include contributing to a comprehensive review of training to support the implementation of the proposed legislative reforms (if enacted).
- Supporting the wellbeing, capability, and capacity of members, including through the establishment of a professional community through which members can access assistance, advice, and support.
- Advocating on behalf of veteran advocates on key policy, service delivery, and other matters, by liaising with Government or other key bodies and forums regarding the interests of veteran advocates.
- Subject to final confirmation through the ESO Round Table, DVA anticipates the professional body being established in the third quarter of 2024.⁷¹

75. We commend DVA on progressing these much-needed reforms. They will complement the recommended expansion of funding to ensure veterans can access paid compensation advocates that meet their needs. As noted previously, it is important to ensure the restriction on government-funded advocacy services to ESOs only does not result in a lack of service diversity. This should continue to be monitored and if greater diversity in providers is needed, membership of the professional association should be expanded to include other non-government organisations providing veteran advocacy services.

26.2 Improving the quality of rehabilitation

76. Once DVA processes and approves an initial liability claim, a veteran is entitled to access health care for the injury or condition caused by service, which DVA pays for. Eligible veterans are also referred to an external rehabilitation provider for a needs assessment and to develop a plan of support, which is then sent to DVA for approval.

77. Whether compensation is sought under the *Military Rehabilitation and Compensation Act 2004* (Cth) or the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth), the process for assessing and determining whether the veteran should undertake a rehabilitation program is essentially the same. The same rehabilitation framework does not exist under the *Veterans' Entitlement Act 1986* (Cth), though its Part VIA provides for a voluntary vocational rehabilitation scheme.
78. DVA assesses the veteran's capability to undertake a rehabilitation program, which can include requiring them to undergo an examination that DVA must pay for.⁷² DVA may then make a determination on whether a veteran should undertake a rehabilitation program.⁷³ A veteran's failure to undertake a rehabilitation program without a reasonable excuse can result in suspension of their compensation, although DVA must still meet the costs of medical treatment.⁷⁴

26.2.1 DVA rehabilitation

79. DVA's rehabilitation program has a broad wellbeing focus and complements direct health care for service-related injuries or health conditions. It delivers support under the following categories:
- *medical management services*, which may include coordinating medical providers or case management related to medical treatments being delivered through a claim
 - *psychosocial support services*, which aim to restore a veteran to their optimal level of independent functioning in the community and may include community inclusion activities, counselling and life management skills
 - *vocational rehabilitation services*, which support veterans who have been medically assessed to have capacity to work to meet their employment goals.⁷⁵
80. The number of people accessing the program has increased by 38% over the past 6 years – from 2,747 in 2017–18 to 3,799 in 2022–23.⁷⁶ Rehabilitation clients can access services in multiple categories, depending on their needs. The need for services across these categories is relatively even, although there have been some marked trends from 2017–18 to 2022–23:
- Medical management goals dropped from 31% of goals in 2017–18 to 24% in 2022–23.
 - Vocational rehabilitation goals increased from 32% of goals in 2017–18 to 38% in 2022–23.
 - Psychosocial goals remained stable at 37% of goals in 2017–18 and 38% in 2022–23.⁷⁷

Program KPIs have not adequately measured client satisfaction or provider performance

81. Our inquiry, like others before it, found failings in how DVA has measured and reported on the rehabilitation program's performance.
82. The Productivity Commission's 2019 *A Better Way to Support Veterans* report found:
- Significant reform was required in the way Defence and DVA procured, organised and monitored rehabilitation services.
 - Changes were needed to rehabilitation arrangements in the transition period to ensure continuity of care.⁷⁸
83. The Productivity Commission made the following recommendation:

Recommendation 6.2: Evaluation and Reporting of DVA Rehabilitation

The Department of Veterans' Affairs should make greater use of its rehabilitation data and of its reporting and evaluation framework for rehabilitation services. It should:

- evaluate the efficacy of its rehabilitation and medical services in improving client outcomes
- compare its rehabilitation service outcomes with other workers' compensation schemes (adjusting for variables such as degree of impairment, age, gender and difference in time between point of injury and commencement of rehabilitation) and other international military schemes.⁷⁹

84. DVA told us it has implemented the recommendation:

Recommendation 6.2

Implementation has been completed. DVA has implemented the recommendation to the extent it is able to, in line with its existing programs that evaluate and report on the efficacy of DVA's rehabilitation program. **As a result of Recommendation 6.2, the rehabilitation program implemented the reporting on three program performance indicators such as timeliness, quality and client satisfaction.** The program engaged ORIMA Research and implemented a rehabilitation client satisfaction survey and provided analysis and reports on the feedback. The rehabilitation program implemented quality reporting for the assessment of provider performance which included KPI reporting and performance discussions. Finally the program performed provider audits which included consultation registration and mentoring, increased access to provider education and training and reviewed referrals and invoicing.⁸⁰ [emphasis added]

85. The three performance indicators used to measure the program's effectiveness relate to:
- timeliness – the percentage of rehabilitation assessments made within 30 days of the rehabilitation provider receiving the referral (the target is 75%)
 - quality – the percentage of clients whose rehabilitation plan goals were met or exceeded (the target is 75%)
 - client satisfaction – overall client satisfaction with the rehabilitation program (the target is 75%).⁸¹
86. Regarding the first indicator, on timeliness, the related KPI that DVA set for providers required them to submit assessment reports within 15 business days of referral.⁸² The 30-day timeframe specified in the program indicator was double the amount of time providers were given to complete assessments, and was therefore not an adequate measure of performance. During our procedural fairness process DVA acknowledged this misalignment;⁸³ however, it is concerning this error was not identified sooner. As discussed later in this section, DVA has now implemented a smaller set of provider KPIs that does not include this indicator at all. It is therefore unclear whether the overall timeliness indicator will remain at the program level. If it does, it should be amended to 15 days.
87. Data on the second indicator, quality, shows that the 75% 'met or exceeded' target was not achieved in 2019–20, 2020–21 or 2021–22, and DVA discontinued it in 2023 without a replacement performance measure.⁸⁴ This was the only outcome measure that indicated the extent to which clients' rehabilitation goals were achieved.
88. Measurement of results against the third indicator, relating to overall client satisfaction, are based on its voluntary and anonymous Rehabilitation Client Satisfaction Survey.⁸⁵ An internal DVA document shows the survey response rate is less than 25%, and states:
- If response rates do not increase, there is a risk DVA will not have enough evidence to continuously improve the Rehabilitation Program, resulting in it no longer being fit-for-purpose for our clients.⁸⁶
89. According to DVA, the content and distribution of the Rehabilitation Client Satisfaction Survey were changed in mid-2024 'to improve client feedback mechanisms and increase responsiveness'.⁸⁷ We hope these changes will make a meaningful difference.
90. Previously, individual providers were subject to KPIs that did not include any client satisfaction or outcome measures.⁸⁸ The client survey data was deidentified and not linked to a rehabilitation provider.⁸⁹ There was therefore no measure of client satisfaction rates for individual providers.

91. However, DVA informed us that it introduced five new KPIs for monitoring and evaluating the performance of individual providers in mid-2024, including two focused on client satisfaction.⁹⁰ Under these KPIs, providers are required to:
- achieve an average client score of 80% or higher in the questions on the new Rehabilitation Client Satisfaction Survey measuring ‘quality service delivery (knowledge, professionalism, timeliness)’
 - achieve an average client score of 80% or higher in the Rehabilitation Client Satisfaction Survey questions measuring ‘quality of goal setting and plan activities to achieve plan goals’
 - complete 90% of plans within 12 months, or within any extended timeframe the client requires
 - manage 90% of plans within funding allocations
 - submit 90% of Progress Reports within the agreed timeframes.⁹¹
92. DVA told us these KPIs ‘were not designed to specifically monitor either program outcomes or individual client outcomes’, but that achieving them will ‘support improved program outcomes and individual client outcomes’.⁹² It is unclear how this will occur. As discussed later in this section, further improvement is needed to ensure the outcomes of the rehabilitation program are sufficiently measured.
93. Further, DVA told us reforms to the Rehabilitation Client Satisfaction Survey will allow it to link survey data with the rehabilitation provider, enabling it to identify and assess the performance of providers.⁹³ This is encouraging, but for this data to be meaningful, significantly higher survey response rates are required. At this early stage, we are unable to say whether these changes will improve the evaluation of – and, ultimately, the quality of – rehabilitation services provided to former serving members.
94. Overall, our inquiry considers that the program performance indicators do not adequately measure client outcomes, particularly since the only comprehensive and objective outcome measure was discontinued in 2023. While DVA has taken steps to improve the monitoring and evaluation of individual rehabilitation providers’ performance from mid-2024 onwards, its processes still do not capture the outcomes of rehabilitation support.

There are no KPIs on time taken to provide rehabilitation to transitioning members

95. For members separating from the ADF on medical grounds, a ‘warm handover’ is arranged between the ADF rehabilitation consultant and the DVA rehabilitation consultant assigned to the member.⁹⁴ DVA told us that ‘DVA rehabilitation is only advised of medical separations, noting that members not on a medical separation pathway are unlikely to require rehabilitation services at time of separation’.⁹⁵

96. However, DVA captures no data relating to:

- when it is notified about a potential transfer from the ADF Rehabilitation Program to DVA
- its contact with the relevant member and the subsequent acceptance of the transfer request
- the relevant member's separation from the ADF and the handover briefing between the ADF Rehabilitation Program and DVA.⁹⁶

97. When we asked why DVA does not collect this data, DVA said:

This is because this data is not required for any current performance measures reported by DVA. Some of the information may exist in the form of individual case notes, however, the Rehabilitation and Compensation Integrated Support Hub (R&C ISH) system does not have reporting options to capture this information.⁹⁷

98. DVA does capture data on the date medically separating members are referred to DVA rehabilitation, and the time it takes for members' plans to commence.⁹⁸ However, DVA also confirmed 'there are no performance measures applicable to DVA regarding the timeliness of a transfer of rehabilitation authority'.⁹⁹

99. In addition, it is not compulsory for transitioning members to be invited to participate in the handover from the ADF Rehabilitation Program to the DVA rehabilitation provider. This only occurs at the ADF rehabilitation provider's discretion.¹⁰⁰

100. We believe that while not all members may wish to participate in the handover, it should be compulsory for them to be given the option, particularly given transition is a time of significant change and the level of autonomy provided to members should be maximised to the greatest extent possible. We discuss the challenges associated with transition in Chapter 23, Transition from military to civilian life.

26.2.2 Prioritising outcomes-based measures

101. In 2020, DVA commissioned ORIMA Research to develop a Rehabilitation Program Evaluation Framework.¹⁰¹ DVA has also evaluated the Goal Attainment Scaling tool that measures the extent to which individual rehabilitation clients' goals are met. Together, these provide a strong foundation for measuring the outcomes achieved by the rehabilitation program. However, DVA advised it 'has not undertaken any formal, documented evaluations or reviews of the Outcomes and Performance Indicators outlined in the Rehabilitation Program Evaluation Framework'. Instead, the outcomes are used as 'guiding principles and areas of focus when undertaking all continuous improvement work'.¹⁰²

102. We find this lack of progress on prioritising outcomes-based performance measurement and evaluation disappointing. The Commonwealth has agreed that DVA's failure to properly evaluate its rehabilitation program will affect the program's effectiveness and individual client outcomes.¹⁰³ During our procedural fairness process,

DVA noted it has IT system constraints, and ‘that future evaluations of the rehabilitation program may continue to be hindered until DVA’s IT systems are improved and reliable data captured’.¹⁰⁴

103. As discussed in Chapter 25, Entitlements and claims processing, the Australian Government’s 2023–24 Budget allocated more than \$200 million to improving DVA’s IT systems. DVA should ensure this work includes upgrades to systems supporting the rehabilitation program. Given it has already developed and evaluated the Goal Attainment Scale tool to reliably measure the extent to which veterans achieve their rehabilitation goals, it is critical that its IT systems can capture and monitor these results.
104. Perhaps most disappointingly, DVA chose to discontinue its one outcomes-based performance measure of whether client goals were met or exceeded in 2022–23, and it did not include any objective outcomes-based measures in the new set of provider KPIs implemented in mid-2024.
105. DVA told us it discontinued the outcomes-based performance measure because it was not considered to be a clear measure of DVA’s performance, as it could be influenced by factors external to DVA such as client motivation.¹⁰⁵ However, the purpose of this indicator was to measure the effectiveness of the rehabilitation program overall, particularly providers and their ability to support clients to achieve their goals. Furthermore, DVA has separate KPIs for its staff that can be used to measure its performance.
106. DVA should improve the transparency and measurement of the rehabilitation program’s performance outcomes – at both provider and program levels – by taking the steps outlined in Recommendation 100.

Recommendation 100: Improve the transparency, accountability and effectiveness of the Department of Veterans’ Affairs rehabilitation program

The Department of Veterans’ Affairs (DVA) should improve the transparency of the DVA Rehabilitation Program and how its effectiveness is measured. At a minimum, this should include:

- (a) reinstating the program performance indicator that measures the percentage of clients for whom rehabilitation goals were met or exceeded, with a target of 75%, and including this measure in annual public reporting
- (b) expanding key performance indicators for rehabilitation program providers to measure the percentage of clients who meet or exceed their rehabilitation goals, disaggregated by goal type (for example, medical management, vocational and psychosocial). This information should be shared with DVA rehabilitation clients so they can make an informed choice of provider (as related to Recommendation 101 on choice and autonomy).

26.3 Increasing veterans' choice and autonomy

107. This section examines the extent to which DVA clients have choice and autonomy over who provides their DVA-funded support services.

26.3.1 Rehabilitation providers

108. DVA determines whether a veteran should undertake a rehabilitation program, and selects the rehabilitation program and which service will provide it. The legislation says that in making these decisions, DVA must consider the person's attitude to the program and the relative merits of any alternatives, among other matters.¹⁰⁶

109. This is also the case for members who are transferred from the ADF rehabilitation program to the DVA program. They are unable to choose their rehabilitation provider, which DVA allocates based on capacity.¹⁰⁷

110. DVA policy states it:

must choose a rehabilitation provider with the most appropriate skills and experience to assist an individual client to reach their rehabilitation goals. It is therefore important that the DVA Rehabilitation Coordinator utilises a whole of person approach and develops as broad an understanding as possible of the issues that the client is experiencing, their health status, and any indications of any potential barriers to rehabilitation, prior to making a referral for a rehabilitation assessment.¹⁰⁸

...

Where a client is likely to require a range of rehabilitation assistance, wherever possible, it is preferable to select a single rehabilitation provider organisation who can provide the majority of services that a client requires. For example, if an organisation employs an Occupational Therapist, Social Worker and a Rehabilitation Counsellor then information can be shared between each of these individual providers, without the need for the client to retell their whole story if they require different types of assistance at different times ...

it is important to ensure that ... the client's best interests are always central.¹⁰⁹

111. However, a 2022 Nous Group report observed that in practice, DVA assigns a veteran to the provider 'next in line' unless they specifically request another provider. It noted that veterans having their choice of provider is generally the exception rather than the rule.¹¹⁰

Veterans can also request to access a specific service provider registered with DVA; however, this appears to be an exception rather than a key feature of the model. While the DVA service provider assignment model ensures veterans' needs are met and that work is fairly distributed between contractors, it provides

veterans a limited level of autonomy over who they receive care from. This aspect of the pathway could be better aligned with person-centred models of care by re-designing the provider assignment process so that it is centred around veteran choice, rather than facilitating choice only upon the veteran's request.¹¹¹

112. People making submissions to the Royal Commission also highlighted the negative impact this lack of choice in providers can have. One told us:

My experience with Rehabilitation since my first claim was accepted has been a nightmare. I am now up to my 5th Rehabilitation consultant ... [they are] a male. From the very beginning I was adamant that I have a female as I am scared of men. Previously I had a female ... but she left the organisation not long after I started working with her. I was given no choice of having another female as apparently there were none available who could deal with DVA.¹¹²

113. The Nous Group report explained that there are two different approaches to providing rehabilitation and care services: a needs-based approach and a person-based one. A needs-based approach is when 'the system focuses on meeting the needs, or symptoms, of the person, but does not necessarily empower them to take autonomy over their care journey or treat the underlying cause'. A person-centred approach 'positions the client as a key member of the care team, which has been shown to improve engagement with services and create positive health behaviours'.¹¹³

114. Nous Group concluded DVA's initial referral and rehabilitation assessment stages both adopt a needs-based approach:

Both steps are based around the work of the rehabilitation provider ... the provider will assess the needs of the veteran and determine if the veteran needs assistance with medical management, psychosocial rehabilitation and vocational rehabilitation. While this approach responds to the legislative requirement where the rehabilitation delegate must decide if a person is able to undertake rehabilitation, it also takes the decision to engage in rehabilitation away from the veteran ...

In practice it is likely that veterans have an opportunity to communicate their needs, and [desire] to participate, to their rehabilitation delegate and provider, but it is unclear the extent to which this information is taken into consideration in the needs assessment. The current communication of rehabilitation referral and rehabilitation assessment does not actively place veterans, and their expert knowledge about their experience, as members of the care team.

Current practice could be adjusted to meet this by more clearly communicating the role of the veteran in rehabilitation assessment, including acknowledging that veterans have an important role in assessing and identifying their own needs. In practice, DVA should consider how the veteran's voice guides, and contributes to, the assessment process.¹¹⁴

115. Nous Group found DVA's planning and execution stages following completion of the assessment are more aligned with person-centred care:

The planning process relies on the individual, in collaboration with the rehabilitation provider, deciding what services best fit their need, which in turn empowers them to be active participants in their recovery journey. DVA respects the individual's ownership of their rehabilitation in the language used to describe rehabilitation planning – referring regularly to the role of the veteran in developing and owning the plan.¹¹⁵

116. The Productivity Commission, in contrast, was concerned that DVA's policies advocating a person-centred approach are not reflected in its practice at any stage of the program:

Many participants expressed concern that – regardless of its policies on whole-of-person rehabilitation – in practice, DVA staff and contracted rehabilitation providers do not take a sufficiently flexible and holistic approach to rehabilitation.¹¹⁶

There is also concern that DVA's process-driven approach gives insufficient regard to individuals' motivations.¹¹⁷

117. DVA told us it is introducing a new model that takes the Nous Group's findings on lack of veteran choice and autonomy into account:

The researchers' suggestions to consider maximising veteran's choice and autonomy in delivery of rehabilitation services are relevant to the current tender to establish a new multidisciplinary panel of rehabilitation providers who are able to offer high quality and cost effective services to eligible veterans.

A 'new model' is also being introduced with the new panel of providers. Program enhancements include the introduction of a Baseline Package of approved activities within approved financial limits. This provides greater ownership of rehabilitation plans and autonomy of activities that can be accessed with reduced need to seek DVA approval.¹¹⁸

118. However, DVA still allocates veterans to a provider rather than enabling them to select one. Although the legislation clearly places the decision as to whether a veteran should undertake a rehabilitation program with DVA, this determination must be informed by the veteran's attitude to the program. In terms of which rehabilitation provider is chosen, while DVA has an obligation to consider any appropriate alternative program, there is no requirement for it to take the veteran's preference of provider into account.

119. In our view, DVA should embed a consistent veteran-centred practice in its rehabilitation program. It should include a consultation stage in which it asks about the veteran's preference for type of program and provider.

120. This consultation stage could be accompanied by legislative reform to require that DVA consider a veteran's preferred provider and type of rehabilitation program when making its determination about whether the veteran should undertake a DVA rehabilitation

program. Though it is not necessary for improving practice, such a reform would provide a basis for veterans to challenge DVA's determinations for failing to take account of the veteran's preferences.

121. DVA has already started working with a panel of rehabilitation providers offering national coverage, which should provide veterans greater flexibility when selecting providers. To ensure veterans are able to make an informed choice, DVA should give them clear information about each of the providers on the panel and their relative strengths in providing medical, vocational and psychosocial rehabilitation support. This underscores the importance of clear and transparent reporting on provider outcomes, discussed in section 26.2. These outcomes, together with any other information veterans consider to be important, could be developed into quality ratings, similar to those used in other sectors such as early childhood and aged care.

26.3.2 Household services

122. Under the *Military Rehabilitation and Compensation Act 2004* (the MRCA) and the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1998* (the DRCA), veterans may also be eligible to receive compensation for household services.¹¹⁹ Under both Acts, the Commonwealth is liable for paying for household services a veteran reasonably requires due to an injury for which liability is accepted. DVA policy notes that in practice, for a veteran to receive compensation, an occupational therapist usually needs to assess their ability to undertake tasks required to properly run and maintain their household.¹²⁰
123. DVA approves particular services (and the hours and amounts for each service) based on the evidence it has received on the veteran's needs. This cannot exceed a maximum amount set out under the MRCA and DRCA.¹²¹
124. There is no specific legislative requirement that household services be regularly reviewed. However, it is DVA policy that household services must be approved for a fixed period of 5 years, rather than indefinitely.¹²² Veterans have to renew claims for services at the end of that approved service period.¹²³ A veteran's need for household services may be subject to review over this period, including at their request.¹²⁴
125. Once approved, the choice of provider is ultimately the responsibility of the client.¹²⁵ However, DVA policy requires household service providers to have professional indemnity insurance, working with children checks (where providing child care), and records that account for services delivered.¹²⁶ Relatives and friends can provide the services, if they are professional service providers able to meet DVA's criteria and their prices are consistent with market rates.¹²⁷
126. Either the veteran or DVA can make the actual payment for services to the provider.¹²⁸
127. Where they are to be reimbursed directly by DVA, service providers can lodge an online invoice or send one via email. DVA advises providers to contact it if an invoice has not been processed within 30 days.¹²⁹

128. Veterans told us about delays in payments from DVA to household service providers. The following submission illustrates the impact on veterans:

I have recently been awarded some home care assistance to help me do maintenance and cleaning around the house. Whilst I am thankful for this support, the rules provided to me are very inflexible. I have a weekly limit of the expenses, a set hourly rate and restrictions regarding how frequently per week and per year I am allowed the support, with some providers stating they have been left unpaid for weeks or months under this scheme so they will only provide this service if I pay for it and then seek reimbursement from DVA. This makes me feel that I am being penalised for my service because of DVA's poor reputation with private service providers. This again adds to my stress levels because I have to seek other providers.¹³⁰

129. Certain healthcare providers can lodge a claim for payment for a veteran's treatment through an online system called Webclaim, which can make payment within two business days.¹³¹ However, where claims are not made through this system, DVA notes payment may take up to 30 days.
130. Such delays can result in providers being less willing to provide services to veterans, or veterans being out of pocket for a period to pay household service providers themselves.
131. We suggest an alternative system based on arrangements under the NDIS. Following assessment and approval of household services, veterans would be given the approved weekly household compensation in a lump sum budget. They could promptly pay their service providers using these funds, without going out of pocket or delaying payment to providers beyond two business days.
132. This would align with NDIS arrangements, which has an online portal and guarantees payment within two business days. Its payment process is as follows:

There are two options to pay for your supports with your NDIS funding:

1. Make a Payment Request and then pay your provider:

Once you receive an account, invoice or timesheet from your provider, make a Payment Request. This can be done online using the myplace portal.

Money from your NDIS plan budget will be paid into your nominated bank account within 2 business days. You can then pay your provider.

2. Pay your provider and then make a Payment Request:

Once you receive your support, pay your provider using your own money and get a receipt. Make a Payment Request to have the money from your NDIS plan budget paid into your nominated bank account. You will be reimbursed within 2 business days.¹³²

133. These arrangements should be available to DVA clients on an opt-in basis, noting not everyone will want or need to change their current payment arrangements.
134. This approach would be permissible under the terms of the MRCA. It states compensation may be made to the veteran or, where the veteran so directs, to 'the person who provided, or will provide, the services' or to 'any other person who incurred, or will incur, the cost of the services'.¹³³ The future tense used in the Act indicates it permits the payment of compensation in advance for such services. However, that approach does not fit with the terms of the DRCA as it currently is. It allows only for compensation to be payable to the veteran 'where the [veteran] has paid for the household services' or, in any other case, 'to the person who provided those services'. Given the Australian Government's proposal to have all new claims considered under a revised MRCA, this alternative approach is not likely to necessitate further reform; however, it will require a change in policy.

26.3.3 Travel costs

135. Under the MRCA and DRCA, a veteran can claim reimbursement for the cost of reasonable travel expenses for treatment of an accepted condition.
136. Under the MRCA, this applies for:
- any length of travel by public transport
 - travel by ambulance, where this is required because of a person's injury or disease
 - travel other than by public transport or ambulance where public transport is unavailable or where its use would be unreasonable given the person's injury or disease, or
 - travel by car, if the return journey is longer than 50 km.¹³⁴
137. Under the DRCA, reimbursement can be claimed for travel by car (if the return journey is longer than 50 km) or any travel by public transport or ambulance (where this is required by the person's injury or disease).¹³⁵
138. When determining reimbursement of travel expenses under both Acts, DVA must consider:
- where appropriate treatment is available
 - the means of transport available
 - the means of transport appropriate for the veteran
 - the route by which the veteran could have travelled
 - the accommodation available.¹³⁶

139. Under the *Veterans' Entitlements Act 1986* (Cth) (the VEA), some travel costs associated with medical care or getting medical evidence may be reimbursed. This is for veterans with a Gold Card, eligible veterans with a White Card, and those receiving treatment for some conditions covered by non-liability health care.¹³⁷
140. Under the VEA, when approving travel for treatment, DVA may consider the distance between a veteran's residence and their 'closest practical provider'.¹³⁸ This is the closest approved health provider to their residence who can provide the treatment. If a veteran is travelling for treatment from a different medical provider, the veteran needs a letter from the provider to give DVA in order to get their travel costs reimbursed.¹³⁹
141. DVA is unable to reimburse veterans for the costs of seeking care it has not approved. We have been told that some veterans have been unable to get travel costs reimbursed for seeing their preferred provider, as it was not the closest provider to them. In his submission, ex-serving member Mr Andrew Dawes told us DVA accepted his claim for a secondary squamous cell carcinoma (throat cancer). Due to a shortage of specialty radiologists, Mr Dawes followed his doctor's advice and travelled 900 km to receive timely treatment. He told us:
- The email from [DVA] asked why I was in Townsville for treatment and not Cairns as Cairns was closer ... He said they wouldn't pay because it wasn't the closest cancer centre ... they will not reimburse me or my family due to 165.2 km difference in where I was being treated ... I have never felt supported by DVA through my ordeal thus far.¹⁴⁰
142. Given the myriad challenges veterans already face in finding culturally competent healthcare providers who are willing to service veterans, which we discuss in Part 5, Health care for serving and ex-serving members, we do not consider that additional restrictions should be put in place.
143. Within reason, travel costs should be reimbursed for veterans to see their preferred healthcare professionals. We note this would likely require legislative reform, and recommend:
- removing the relevant considerations, set out in section 295 of the MRCA, section 16(8) of the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth) and regulation 9(6) of the *Veterans' Entitlements Regulations 1986* (Cth)
 - replacing these considerations with a requirement that travel costs will not be compensable where they are 'unreasonable', and explicitly noting that DVA should have regard to the benefit arising from enabling veterans to see their preferred healthcare providers when making this determination.
144. DVA should develop the precise form of amendments in consultation with veterans and other relevant stakeholders.

DVA clients should be provided more choice and control over their support services

145. Veterans' lack of choice and control compared to NDIS participants was highlighted in the *Preliminary Interim Report* of the Interim National Commissioner for Defence and Veteran Suicide Prevention:

The NDIS ... provides a blueprint for a system that gives agency to people to decide the best approach for their own wellbeing and aims to provide certainty of funding for all people who are eligible, regardless of how their disability arose. The NDIS experience also provides a wide range of learnings about how to implement such a model. A similar approach could be taken for our veterans: no matter what they need to support their wellbeing, no matter how they were injured by military service or how they may be debilitated, Australia should support them.¹⁴¹

146. In comparison to the NDIS, we do not consider the current administration of veterans' legislative entitlements provides them with sufficient choice and control. We consider changes could be made to improve veterans' autonomy over DVA-funded supports without requiring a wholesale overhaul of the liability and compensation system.
147. In line with the Productivity Commission's and Nous Group's findings, we believe veterans should be able to choose their rehabilitation provider. While DVA's recent move to work with a panel of providers will help facilitate this, it must be accompanied by clear information about provider quality and other information important to veterans, such as the gender of their rehabilitation consultant. The scope and form of this information should be developed in consultation with veterans to ensure it meets their service priorities and accessibility needs.
148. Similarly, veterans should not be unreasonably restricted in travelling to their preferred healthcare provider (noting some constraints will apply), and should have much greater autonomy to self-manage budgets for household services, where they wish to, in line with the NDIS.

Recommendation 101: Give Department of Veterans' Affairs clients more choice and autonomy

Veterans supported by the Department of Veterans' Affairs should be afforded similar levels of choice and autonomy to National Disability Insurance Scheme (NDIS) participants, to the greatest extent possible. At a minimum, this should include:

- (a) enabling veterans to:
 - (i) choose their rehabilitation provider, supported by clear information about provider quality and service characteristics (including information specified in Recommendation 100)
 - (ii) self-manage their budget for approved household assistance on an opt-in basis, to align with the autonomy and payment conditions afforded to NDIS clients and providers
- (b) reimbursing veterans for travel costs to see their preferred healthcare providers (noting that some constraints will apply), supported by legislative reform developed in consultation with veterans.

Endnotes

- 1 Department of Veterans' Affairs, 'What is an advocate?', webpage, last updated 23 May 2023, www.dva.gov.au/get-support/advocacy-representation-advice/what-advocate, viewed 10 April 2024 (Exhibit Q-01.021, DVS.4444.0005.0769).
- 2 Department of Veterans' Affairs, 'What is an advocate?', webpage, last updated 23 May 2023, www.dva.gov.au/get-support/advocacy-representation-advice/what-advocate, viewed 10 April 2024 (Exhibit Q-01.021, DVS.4444.0005.0769).
- 3 Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report: A Modern Professional Sustainable Service for Australian Veterans and Their Families*, 2018, p 97 (Exhibit 27-02.11, Hearing Block 4, ONC.0001.0017.0315).
- 4 Department of Veterans' Affairs, 'The Advocacy Training and Development Program', webpage, last updated 27 April 2023, www.dva.gov.au/get-support/transitioning-civilian-life/support-ex-service-organisations-and-advocates/advocacy-0, viewed 21 June 2023 (Exhibit VV-01.005, DVS.6666.0001.6084).
- 5 Department of Veterans' Affairs, Advocacy Training and Development Program, *Frequently Asked Questions*, June 2023, p 4 (Exhibit VV-01.006, DVS.6666.0001.6090).
- 6 Advocacy Training and Development Program, 'ATDP Advocacy Register', webpage, last updated 30 May 2024, www.advocateregister.org.au, viewed 27 June 2024 (Exhibit ZZ-01.039, DVS.7777.0001.1150).
- 7 Advocacy Training and Development Program, 'ATDP Statistics – June 2024', webpage, last updated 27 June 2024, www.web.atdp.org.au/stats, viewed 27 June 2024 (Exhibit ZZ-01.040, DVS.7777.0001.1152).
- 8 Royal Commission into Defence and Veteran Suicide, *Interim Report*, August 2022, p 220; Exhibit D-01.017, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-032, DVA.9999.0016.0001 at 0003.
- 9 Coroners Court of Victoria, Finding into death with inquest. Inquest into the death of Jesse Stephen Bird, 2020, COR 2017 3044: 1–63, p 36 (Exhibit F-04.003, DEF.0003.0007.8224).
- 10 T Varker and others, *Mental Health Impacts of Compensation Claims Assessment Processes on Claimants and Their Families: Final Report*, Phoenix Australia, September 2018, p 55 (Exhibit F-04.012, DVA.5042.0001.0463).
- 11 Australian Government, Grant Connect, 'Archived Grant Opportunity View – GO6681', webpage, www.grants.gov.au/Go/Show?GoUuid=3527a378-43cc-4f9a-ac57-d0a5b35d0698&keyword=go6681, viewed 10 April 2024 (Exhibit ZZ-01.041, DVS.7777.0001.1154).
- 12 Department of Veterans' Affairs, 'Building Excellence in Support and Training', webpage, last updated 6 January 2023, www.dva.gov.au/about/overview/consultations-and-grants/grants-and-bursaries/building-excellence-support-and-training-grants/building-excellence-support-and-training, viewed 23 February 2024 (Exhibit Q-01.015, DVS.4444.0005.0097).
- 13 Advocacy Training and Development Program, 'Welcome to DVA Updates, Invitation for Ex-service Organisations to Apply for Advocacy Funding', webpage, last updated 14 June 2024, www.web.atdp.org.au/dvanews, viewed 19 March 2024 (Exhibit ZZ-01.052, DVS.7777.0001.1697).
- 14 Department of Veterans' Affairs, 'Service standards for claims advocacy', webpage, last updated 4 January 2023, www.dva.gov.au/about-us/overview/consultations-and-grants/grants-and-bursaries/building-excellence-support-and-3, viewed 26 June 2024 (Exhibit Q-01.020, DVA.4444.0005.0765).
- 15 Department of Veterans' Affairs, *Special Operations Transition Pilot: Initial Project Plan*, 8 June 2018 v0.1, p 26 (Exhibit 74-01.007, Hearing Block 10, DVA.0023.0001.0066).
- 16 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 393 (Exhibit 01-01.010, Hearing Block 1, INQ.0000.0001.2299).
- 17 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 23 (Exhibit 01-01.13, Hearing Block 1, INQ.0000.0001.1584).
- 18 Transcript, Darren Chester, Hearing Block 5, 22 June 2022, p 34-3199 [5–9].
- 19 Transcript, Ian Lindgren, Hearing Block 4, 7 April 2022, p 27-2452 [36–37].
- 20 Transcript, Nikki Noakes, Hearing Block 4, 7 April 2022, p 27-2454 [13–19].
- 21 Exhibit F-04.001, Alison Frame, Witness Statement, DVA.9999.0088.0024 at 0029 [31].

- 22 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0005.
- 23 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0005–0006.
- 24 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0006.
- 25 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0006.
- 26 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0006–0007.
- 27 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0007.
- 28 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0007.
- 29 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0005–0007.
- 30 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0008.
- 31 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0008.
- 32 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0007–0008.
- 33 Department of Veterans' Affairs, Voluntary Submission, 22 December 2023, p 30 (Exhibit 93-02.001, Hearing Block 12, DVS.0012.0001.1895).
- 34 Name withheld, Submission, ANON-Z1E7-QZHD-X, p [10].
- 35 Brent Errington, Submission, ANON-Z1E7-QQ42-F, p [3].
- 36 Carl Schiller, Submission, ANON-Z1E7-Q88F-E, p [6].
- 37 Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report: A Modern Professional Sustainable Service for Australian Veterans and Their Families*, 2018, p 97 (Exhibit 27-02.11, Hearing Block 4, ONC.0001.0017.0315).
- 38 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 2, p 545 [Recommendation 12.3] (Exhibit 01.01.0111, Hearing Block 1, INQ.0000.0001.2780).
- 39 Department of Veteran's Affairs, *Update to Government Response to the Productivity Commission Report, Better Way to Support Veterans*, May 2021, p 6 (Exhibit 22-05.013, Hearing Block 3, DVA.0001.0001.0336).
- 40 University of New South Wales, *Baseline Study of Current and Future Availability of Ex-service Organisation Advocacy Services Final Report*, 2021, pp x, 58–59 (Exhibit 15-01.011, Hearing Block 2, DVA.0005.0001.0311).
- 41 University of New South Wales, *Baseline Study of Current and Future Availability of Ex-service Organisation Advocacy Services Final Report*, 2021, pp xv, 43 (Exhibit 15-01.011, Hearing Block 2, DVA.0005.0001.0311).
- 42 University of New South Wales, *Baseline Study of Current and Future Availability of Ex-service Organisation Advocacy Services Final Report*, 2021, pp ix, xii (Exhibit 15-01.011, Hearing Block 2, DVA.0005.0001.0311).
- 43 Australian Government, *Veterans' Advocacy and Support Services Scoping Study Report: A Modern Professional Sustainable Service for Australian Veterans and Their Families*, 2018, p 81 (Exhibit 27-02.11, Hearing Block 4, ONC.0001.0017.0315).
- 44 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Final Report*, Volume 6, p 273 (Exhibit Q-01.017, DVS.4444.0005.0122).
- 45 National Disability Insurance Scheme, 'The NDIS in Each State', webpage, last updated 4 June 2024, www.ndis.gov.au/understanding/ndis-each-state, viewed 27 June 2024 (Exhibit VV-01.017, DVS.6666.0001.6142).
- 46 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0017.
- 47 Exhibit AA-01.001, Department of Veterans' Affairs, Approved BEST Grants Round 16 (2014-15), DVS.0000.0002.0632.
- 48 University of NSW, *Baseline Study of Current and Future Availability of Ex-service Organisation Advocacy Services Final Report*, 2021, pp ix, x, 59 (Exhibit 15-01.011, Hearing Block 2, DVA.0005.0001.0311).

49 University of NSW, *Baseline Study of Current and Future Availability of Ex-service Organisation Advocacy Services Final Report*, 2021, p xiii (Exhibit 15-01.011, Hearing Block 2, DVA.0005.0001.0311).

50 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0018.

51 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0019.

52 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0018; Advocacy Training and Development Program, ‘Welcome to ATDP Statistics’ [ATDP Statistics – June 2024], webpage, last updated 27 June 2024, www.web.atdp.org.au/stats, viewed 27 June 2024 (Exhibit ZZ-01.040, DVS.7777.0001.1152).

53 Australian Government, *Veterans’ Advocacy and Support Services Scoping Study Report: A Modern Professional Sustainable Service for Australian Veterans and Their Families*, 2018, pp 15, 17 (Exhibit 27-02.11, Hearing Block 4, ONC.0001.0017.0315).

54 Transcript, CB1, Hearing Block 4, 5 April 2022, pp 22-2253 [47]–25-2254 [5].

55 Australian Bureau of Statistics, ‘Australian Defence Force service’, webpage, released 29 June 2022, www.abs.gov.au/articles/australian-defence-force-service, viewed 27 June 2024 (Exhibit VV-01.004, DVS.6666.0001.6053).

56 Advocacy Training and Development Program, ‘Welcome to ATDP Statistics’ [ATDP Statistics – June 2024], webpage, last updated 27 June 2024, www.web.atdp.org.au/stats, viewed 27 June 2024 (Exhibit ZZ-01.040, DVS.7777.0001.1152).

57 Defence and Veterans Legal Service, Submission to the National Legal Assistance Partnership 2020–2025 Review, p 3 (Exhibit ZZ-01.043, DVS.7777.0001.1805).

58 University of NSW, *Baseline Study of Current and Future Availability of Ex-service Organisation Advocacy Services Final Report*, 2021, p 59 (Exhibit 15-01.011, Hearing Block 2, DVA.0005.0001.0311).

59 Defence and Veterans Legal Service, Submission to the National Legal Assistance Partnership 2020–2025 Review, p 3 (Exhibit ZZ-01.043, DVS.7777.0001.1805).

60 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0025.

61 Transcript, Alison Frame, Hearing Block 12, 15 March 2024, p 93-9408 [15–18].

62 Defence and Veterans Legal Service, Submission to the National Legal Assistance Partnership 2020–2025 Review, p 3 (Exhibit ZZ-01.043, DVS.7777.0001.1805).

63 W Mundy, *Independent Review of the National Legal Assistance Partnership Final Report*, March 2024, pp 34, 73 (Exhibit ZZ-01.049, DVS.7777.0001.1374).

64 Australian Government, *Veterans’ Advocacy and Support Services Scoping Study Report: A Modern Professional Sustainable Service for Australian Veterans and Their Families*, 2018, p 83 (Exhibit 27-02.11, Hearing Block 4, ONC.0001.0017.0315).

65 Australian Catholic University, *Australian Veteran Services Mapping Project*, Royal Commission into Defence and Veteran Suicide, Final Report, 2022, p 79 (Exhibit 86-01.021, Hearing Block 12, DVS.3333.0001.1289).

66 Exhibit 27-02.003, Hearing Block 4, Veterans Centre Australia, Submission, WIT.0004.0001.0214 at 0217.

67 Exhibit 27-02.003, Hearing Block 4, Veterans Centre Australia, Submission, WIT.0004.0001.0214 at 0217.

68 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0021.

69 Department of Veterans’ Affairs, Voluntary Submission, 22 December 2023, p 30 [9.4] (Exhibit 93-02.001, Hearing Block 12, DVS.0012.0001.1895).

70 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0012.

71 PFLR-38 (DVA – Compensation Advocacy, Commonwealth response), PFL.0023.0002.0001 at 0012–0013.

72 *Military Rehabilitation and Compensation Act 2004* (Cth) ss 44–46; *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth) s 36.

73 *Military Rehabilitation and Compensation Act 2004* (Cth) s 51(1); *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth) s 37(1).

74 *Military Rehabilitation and Compensation Act 2004* (Cth) s 52; *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth) s 37(7)–(7A).

- 75 Exhibit F-05.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-40, DVA.9999.0045.0001 at 0004–0005.
- 76 Exhibit AA-01.018, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-167, DVA.9999.0151.0001 at 0001.
- 77 Exhibit AA-01.018, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-167, DVA.9999.0151.0001 at 0002.
- 78 Exhibit 93-02.004, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-093, Attachment A, DVA.9999.0091.0024 at 0025.
- 79 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, Overview and Recommendations, p 48 (Exhibit 01-01.009, Hearing Block 1, INQ.0000.0001.2216).
- 80 Exhibit 93-02.004, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-093, Attachment A, DVA.9999.0091.0024 at 0026.
- 81 Exhibit 93-02.003, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-093, Tranche 2, DVA.9999.0091.0001 at 0001.
- 82 Exhibit 93-02.003, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-093, Tranche 2, DVA.9999.0091.0001 at 0003–0006 [1.6].
- 83 PFLR-61.3 (DVA – Expanding prevention and early intervention, Commonwealth response), PFL.0026.0002.0036 at 0050.
- 84 Exhibit AA-01.018, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-167 DVA.9999.0151.0001 at 0013 [8.10], 0016 [10.1]–0017 [10.2].
- 85 Exhibit AA-01.023, Department of Veterans' Affairs, Overview of the Rehabilitation Client Satisfaction Survey, DVA.5042.0001.0567 at 0567.
- 86 Exhibit AA-01.021, Department of Veterans' Affairs, Communications Plan: Rehabilitation Program Survey Plan, draft document, DVA.5082.0006.0006 at 0008.
- 87 PFLR-61.3 (DVA – Expanding prevention and early intervention, Commonwealth response), PFL.0026.0002.0036 at 0053.
- 88 Exhibit 93-02.003, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-093, Tranche 2, DVA.9999.0091.0001 at 0003–0006 [1.5–1.6].
- 89 Exhibit F-05.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-040, DVA.9999.0045.0001 at 0002 [6.8].
- 90 PFLR-61.3 (DVA – Expanding prevention and early intervention, Commonwealth response), PFL.0026.0002.0036 at 0052.
- 91 PFLR-61.3 (DVA – Expanding prevention and early intervention, Commonwealth response), PFL.0026.0002.0036 at 0052–0053.
- 92 PFLR-61.3 (DVA – Expanding prevention and early intervention, Commonwealth response), PFL.0026.0002.0036 at 0050.
- 93 PFLR-61.3 (DVA – Expanding prevention and early intervention, Commonwealth response), PFL.0026.0002.0036 at 0053.
- 94 Exhibit F-05.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-040, DVA.9999.0045.0001 at 0012 [2.2]–0013 [2.6].
- 95 Exhibit 93-02.005, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-093, Attachment B, DVA.9999.0091.0033 at 0033.
- 96 Exhibit 93-02.003, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-093, Tranche 2, DVA.9999.0091.0001 at 0015.
- 97 Exhibit 93-02.003, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-093, Tranche 2, DVA.9999.0091.0001 at 0015 [14.5].
- 98 PFLR-61.3 (DVA – Expanding prevention and early intervention, Commonwealth response), PFL.0026.0002.0036 at 0039.
- 99 Exhibit 93-02.003, Hearing Block 12, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-093, Tranche 2, DVA.9999.0091.0001 at 0015.
- 100 Exhibit F-05.009, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-040, DVA.9999.0045.0001 at 0015.
- 101 Exhibit AA-01.024, Department of Veterans' Affairs, Rehabilitation Program Evaluation Framework February 2020, DVA.5007.0001.0507.
- 102 Exhibit AA-01.018, Department of Veterans' Affairs, Response to Notice to Give, NTG-DVA-167, DVA.9999.0151.0001 at 0012.
- 103 PFLR-61.3 (DVA – Expanding prevention and early intervention, Commonwealth response), PFL.0026.0002.0036 at 0056–0057.

- 104 PFLR-61.3 (DVA – Expanding prevention and early intervention, Commonwealth response),
PFL.0026.0002.0036 at 0056–0057.
- 105 Exhibit AA-01.018, Department of Veterans’ Affairs, Response to Notice to Give,
NTG-DVA-167, DVA.9999.0151.0001 at 0016.
- 106 *Military Rehabilitation and Compensation Act 2004* (Cth) s 51(2); *Safety, Rehabilitation and
Compensation (Defence-related Claims) Act 1988* (Cth) s 37.
- 107 Exhibit F-05.009, Department of Veterans’ Affairs, Response to Notice to Give, NTG-DVA-040,
DVA.9999.0045.0001 at 0013.
- 108 Department of Veterans’ Affairs, Consolidated Library of Information and Knowledge,
‘11.5 Choosing the Right Rehabilitation Service Provider’, webpage, last updated
1 March 2017, [www.clcik.dva.gov.au/rehabilitation-policy-library/11-rehabilitation-service-
providers/115-choosing-right-rehabilitation-service-provider](http://www.clcik.dva.gov.au/rehabilitation-policy-library/11-rehabilitation-service-providers/115-choosing-right-rehabilitation-service-provider), viewed 28 November 2023
(Exhibit AA-01.028, DVS.0000.0002.0875).
- 109 Department of Veterans’ Affairs, Consolidated Library of Information and Knowledge,
‘11.5 Choosing the Right Rehabilitation Service Provider’, webpage, last updated
1 March 2017, [www.clcik.dva.gov.au/rehabilitation-policy-library/11-rehabilitation-service-
providers/115-choosing-right-rehabilitation-service-provider](http://www.clcik.dva.gov.au/rehabilitation-policy-library/11-rehabilitation-service-providers/115-choosing-right-rehabilitation-service-provider), viewed 28 November 2023
(Exhibit AA-01.028, DVS.0000.0002.0875).
- 110 Nous Group, *Environmental Scan: Rehabilitation Way Forward*, July 2022, p 30
(Exhibit AA-01.025, DVA.5042.0001.0273).
- 111 Nous Group, *Environmental Scan: Rehabilitation Way Forward*, July 2022, p 36
(Exhibit AA-01.025, DVA.5042.0001.0273).
- 112 Name withheld, Submission, ANON-Z1E7-QZT6-V, p [2].
- 113 Nous Group, *Environmental Scan: Rehabilitation Way Forward*, July 2022, p 34
(Exhibit AA-01.025, DVA.5042.0001.0273).
- 114 Nous Group, *Environmental Scan: Rehabilitation Way Forward*, July 2022, p 35
(Exhibit AA-01.025, DVA.5042.0001.0273).
- 115 Nous Group, *Environmental Scan: Rehabilitation Way Forward*, July 2022, p 35
(Exhibit AA-01.025, DVA.5042.0001.0273).
- 116 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 274
(Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 117 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 1, p 277
(Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 118 Exhibit 93-02.003, Hearing Block 12, Department of Veterans’ Affairs, Response to Notice to
Give, NTG-DVA-093, Tranche 2, DVA.9999.0091.0001 at 0021.
- 119 *Military Rehabilitation and Compensation Act 2004* (Cth) s 214; *Safety, Rehabilitation and
Compensation (Defence-related Claims) Act 1988* (Cth) s 29.
- 120 Department of Veterans’ Affairs, Consolidated Library of Information and Knowledge,
‘7.2 Criteria for assessing what is reasonable’, webpage, last amended 29 June 2023,
[www.clcik.dva.gov.au/rehabilitation-policy-library/7-household-services/72-criteria-assessing-
what-reasonable](http://www.clcik.dva.gov.au/rehabilitation-policy-library/7-household-services/72-criteria-assessing-what-reasonable), viewed 28 June 2024 (Exhibit VV-01.013, DVS.6666.0001.6120).
- 121 *Military Rehabilitation and Compensation Act 2004* (Cth) ss 216(1)(b), 404(1)–(2); *Safety,
Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth) ss 13(4), 29.
- 122 Department of Veterans’ Affairs, Consolidated Library of Information and Knowledge,
‘7.4 Approving and Reviewing Household Services Decisions’, webpage, last amended
11 April 2023, [www.clcik.dva.gov.au/rehabilitation-policy-library/7-household-services/74-
approving-and-reviewing-household-services-decisions](http://www.clcik.dva.gov.au/rehabilitation-policy-library/7-household-services/74-approving-and-reviewing-household-services-decisions), viewed 28 June 2024
(Exhibit VV-01.012, DVS.6666.0001.6116).
- 123 Department of Veterans’ Affairs, Consolidated Library of Information and Knowledge,
‘7.4 Approving and Reviewing Household Services Decisions’, webpage, last amended
11 April 2023, [www.clcik.dva.gov.au/rehabilitation-policy-library/7-household-services/74-
approving-and-reviewing-household-services-decisions](http://www.clcik.dva.gov.au/rehabilitation-policy-library/7-household-services/74-approving-and-reviewing-household-services-decisions), viewed 28 June 2024
(Exhibit VV-01.012, DVS.6666.0001.6116).
- 124 Department of Veterans’ Affairs, Consolidated Library of Information and Knowledge,
‘7.4 Approving and Reviewing Household Services Decisions’, webpage, last amended
11 April 2023, [www.clcik.dva.gov.au/rehabilitation-policy-library/7-household-services/74-
approving-and-reviewing-household-services-decisions](http://www.clcik.dva.gov.au/rehabilitation-policy-library/7-household-services/74-approving-and-reviewing-household-services-decisions), viewed 28 June 2024
(Exhibit VV-01.012, DVS.6666.0001.6116).

- 125 Department of Veterans' Affairs, Consolidated Library of Information and Knowledge, '7.3.1 Service Providers' webpage, last amended 3 April 2018, www.clcik.dva.gov.au/rehabilitation-policy-library/7-household-services/73-investigating-claim-household-services/731-service-providers, viewed 28 June 2024 (Exhibit VV-01.011, DVS.6666.0001.6114).
- 126 Department of Veterans' Affairs, Consolidated Library of Information and Knowledge, '7.3.1 Service Providers', webpage, last amended 3 April 2018, www.clcik.dva.gov.au/rehabilitation-policy-library/7-household-services/73-investigating-claim-household-services/731-service-providers, viewed 28 June 2024 (Exhibit VV-01.011, DVS.6666.0001.6114).
- 127 Department of Veterans' Affairs, Consolidated Library of Information and Knowledge, '7.3.1 Service Providers', webpage, last amended 3 April 2018, www.clcik.dva.gov.au/rehabilitation-policy-library/7-household-services/73-investigating-claim-household-services/731-service-providers, viewed 28 June 2024 (Exhibit VV-01.011, DVS.6666.0001.6114).
- 128 Department of Veterans' Affairs, 'Household services', webpage, last updated 2 January 2024, www.dva.gov.au/get-support/health-support/care-home-or-aged-care/services-support-you-home/household-services, viewed 28 June 2024 (Exhibit ZZ-01.044, DVS.7777.0001.1303).
- 129 Exhibit ZZ-01.047, Department of Veterans' Affairs, Household Services Supplier Information Sheet – How to Submit an Invoice for Services Provided, DVS.7777.0001.1319.
- 130 Name withheld, Submission, ANON-Z1E7-QQDN-U, p [2].
- 131 Department of Veterans' Affairs, 'Provider claims', webpage, last updated 27 May 2024, www.dva.gov.au/get-support/providers/fee-schedules-claiming-forms/provider-claims, viewed 28 June 2024 (Exhibit VV-01.015, DVS.6666.0001.6126).
- 132 National Disability Insurance Scheme, 'Paying for your supports', webpage, last updated 5 March 2024, www.ndis.gov.au/participants/using-your-plan/self-management/paying-your-supports, viewed 28 June 2024 (Exhibit ZZ-01.048, DVS.7777.0001.1319).
- 133 *Military Rehabilitation and Compensation Act 2004* (Cth) s 220.
- 134 *Military Rehabilitation and Compensation Act 2004* (Cth) s 290.
- 135 *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth) s 16(6)–(7).
- 136 *Military Rehabilitation and Compensation Act 2004* (Cth) s 295; *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth) s 16(8).
- 137 *Veterans' Entitlements Act 1986* (Cth) s 110; Department of Veterans' Affairs, 'Claim travel expenses under the VEA', webpage, last updated 1 July 2024, www.dva.gov.au/get-support/health-support/local-or-overseas-medical-care/claim-travel-expenses-under-vea, viewed 23 July 2024 (Exhibit ZZ-01.045, DVS.7777.0001.1307).
- 138 *Veterans' Entitlements Regulations 1986* (Cth) r 9(6).
- 139 Department of Veterans' Affairs, 'Claim travel expenses under the VEA', webpage, last updated 1 July 2024, www.dva.gov.au/get-support/health-support/local-or-overseas-medical-care/claim-travel-expenses-under-vea, viewed 23 July 2024 (Exhibit ZZ-01.045, DVS.7777.0001.1307).
- 140 Andrew Dawes, ANON-Z1E7-QWA2-2, p [5] of supplementary material.
- 141 Interim National Commissioner for Defence and Veteran Suicide Prevention, *Preliminary Interim Report*, September 2021, p 142 (Exhibit 01-01.013, Hearing Block 1, INQ.0000.0001.1584).



Royal Commission
into Defence and Veteran Suicide